

THE NATURE AND DESIGN OF  
HEALTH PROMOTION CAMPAIGNS  
IN WEST SUMATRA, INDONESIA

by  
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This thesis contains no material that has been accepted for a degree or diploma by the University or any other institution, except as background information which is duly acknowledged in the text. To the best of my belief and knowledge, no material previously published or written by another person is made use of in the text, except where due acknowledgment is made.

  
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The Nature and Design of Health Promotion Campaigns  
in West Sumatra, Indonesia

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PhD Thesis

ABSTRACT

This study was designed to describe the public health promotion campaigns used in the province of West Sumatra, Indonesia, to consider their cultural and sociolinguistic characteristics, and to evaluate their design in light of current principles of health promotion. These campaigns are run at the provincial level and are highly tailored for their target audience. Data were collected in three regions of the province: Padang Pariaman, Tanah Datar and Agam.

Health promotion campaigns in West Sumatra make use of several media: roadside signs and banners; Indonesian language textbooks; and newspaper articles and advertisements. Messages incorporate aspects of the traditional law (*adat*), values and matrilineal system of descent of the Minangkabau people who make up the majority of the province's population. Religious themes taken from Islam are also used, as are the Indonesian, Arabic and Minangkabau languages.

The messages observed as part of this study were analysed using a semiotic framework in order to elucidate the relationship of messages and accompanying images with the culture of the Minangkabau people who make up the majority of the province's population. Further, the sociolinguistic characteristics of the messages as they relate to the language domains operating in the region were described and discussed. Finally, campaign structure and message use were evaluated in terms of current principles of health promotion design.

The study found that there are several campaigns running in West Sumatra whose design is of high quality and that take excellent advantage of the cultural and sociolinguistic characteristics of the region. The way in which sociolinguistic knowledge and cultural themes have been used could serve as a model for the design of health promotion campaigns in other parts of Indonesia, Southeast, or elsewhere in the world. The major shortcoming of health promotion efforts in West Sumatra, though, is a lack of formative research on which campaigns are based. This situation makes it difficult to assess whether the most pressing health concerns of the population are being addressed by health promotion or whether there are other health needs that have been overlooked.

The study resulted in the development of a framework of questions that can be used to develop linguistically and culturally sensitive health promotion campaigns and also contributes to the body of information available about society in West Sumatra today.

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Section of the same office provided information on the role of the Department of Information in health promotion and the way in which public campaigns are conducted in West Sumatra. Zuryani Ansyar, a trained midwife, explained to me the role of nurses and midwives at *Puskesmas* in running health promotion activities. Additionally, the staff of *Kantor Statistik* [Office of Statistics] in Padang provided expert assistance in locating and obtaining statistical records and reports related to this research.

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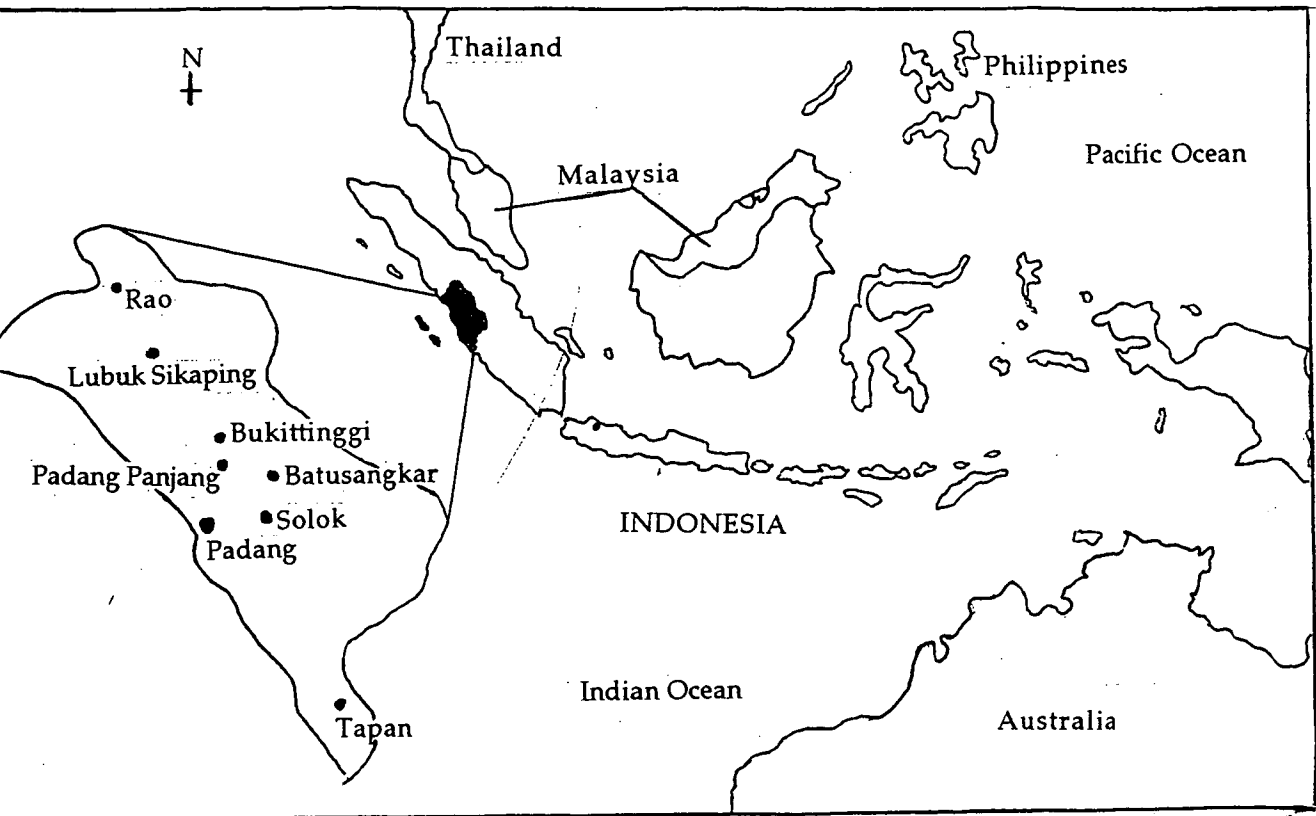
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**Map of Indonesia**  
(Province of West Sumatra highlighted)



# CHAPTER I

## INTRODUCTION

### 1.1 Background

Since the Alma Ata Declaration of 1978 under which 152 nations of the world made a formal commitment to ensuring "Health for All by the Year 2000", it has been increasingly clear to healthcare professionals and policy makers that health promotion and education must be a part of their efforts to achieve this goal. The Declaration of Alma Ata touched on a number of concepts, including equity, community participation and self-reliance, socially acceptable technology, and intersectoral cooperation (WHO, 1988a), and gave rise to an emphasis on primary health care throughout the organisation and functioning of health care systems (Wass, 1994). The Declaration also reaffirmed WHO's 1946 definition of health as more than the absence of disease or infirmity and including a complete state of physical, mental and social well-being (WHO, 1988a).

The first WHO Conference on Health Promotion was held in Ottawa, Canada, in 1986. The result of this conference was the Ottawa Charter on Health Promotion which is often considered to be the beginning of a new movement in public health which centers on an approach to health promotion which is intersectoral, encourages community participation, and takes into account the physical and socio-economic environments of health (Wass, 1994). This is frequently referred to as the ecological approach to health promotion and was developed further at the Second International Conference on Health Promotion in Adelaide, Australia, in 1988 and at the Third in Sundsvall, Sweden, in 1991.



At the end of the 20th century, as the target date for "Health for All by the Year 2000" draws closer, governments, organisations, and institutions have spent large amounts of time, money, and effort on health promotion activities, ways to make these activities more effective, research into methods of health education, and evaluation of ongoing and completed programs. Few would now disagree that health promotion and education are important components that cannot be ignored in any serious attempt to change public behaviour regarding health. Not surprisingly, the literature is replete with descriptions of health promotion programs, evaluative reports, proposed and established methodologies, and strategies and theoretical bases for health promotion efforts.

Nonetheless, study of the literature makes clear that some health promotion programs have been successful while others have failed to achieve the desired results. Many researchers have considered the reasons for this and have identified a number of characteristics of program design that seem likely to result in a higher level of success. For example, it has been suggested that lack of compelling incentives for behavioural change may contribute to the failure of health promotion efforts (Atkin, 1992). Similarly, messages that are inappropriate and culturally insensitive and use of inappropriate language have been cited as reasons for programs' lack of success (Dyak, 1992; Flavier, 1992). What exactly these success-making characteristics are and how to design programs to take advantage of them is a matter of serious interest to public health planners and decision-makers responsible for the design of health campaigns and their implementation.

Because target populations differ with respect to factors such as age, education, socioeconomic status, community structure, language, cultural background, traditions, religion, current health status, and attitudes towards

illness, it is widely accepted that, for any health promotion or education program to be effective, it must be designed to take into account the distinguishing nature of the target population (Chng, 1984; Braithwaite and Lythcott, 1989; Orleans et al., 1989; Hunkeler et al., 1990). A program designed for a particular community may fail to achieve comparable results in another (Kreps and Kunimoto, 1994). It is perhaps for this reason that so many programs have been described and analysed. Their methods and design can provide valuable information and insight to planners in other locations where the public may share certain characteristics with the population addressed by the successful campaign but may differ with respect to others (Bracht, 1990).

Despite the large number of health promotion initiatives that have been described and discussed, most studies of this kind have been undertaken in developed nations, particularly those of western Europe and North America. Comparatively little information is available on the health promotion efforts of the newly industrialised or developing nations, the specific health issues faced by their populations, and the degree to which these issues have been addressed. This is particularly the case with the nations of Southeast Asia, including Indonesia, which, despite a long history of participation and membership in international health promotion organisations (Tjiptoherijanto and Soesetyo, 1994), remains virtually unknown to health professionals and educators in the west.

## **1.2 Nature, Scope, and Purpose of the Study**

This study concerns the nature of health promotion campaigns in the province of West Sumatra, Indonesia. These campaigns began there in earnest in 1983 and have continued up to the present time. At this writing, a number of campaigns are running throughout the province and are expected to do so

for the foreseeable future. In West Sumatra, as is the case throughout Indonesia, health promotion is seen as an important adjunct to primary health care activities and is covered in national policy statements on health. It is left to each province, however, to evaluate the need for health promotion campaigns and to determine the most appropriate content and form of dissemination.

Despite the importance placed on health promotion and education in Indonesia, very little work has been done to study this field in the country, either by western researchers or by Indonesian academics, health officials, or administrators. Where studies do exist, they have mostly concentrated on Java, the most populous of Indonesia's islands, and most have taken a primary healthcare outlook. In relation to the province of West Sumatra, it has not been possible to find any work concerning the nature or outcome of health promotion at the provincial or other levels. This study aims to fill this gap by describing these specific campaigns and analysing them in terms of their relationship to the Minangkabau culture of the region and their design characteristics. Further, its findings may be of use in designing other health promotion efforts either in Indonesia or elsewhere in the world.

West Sumatra has a very homogeneous population made up almost entirely of the Minangkabau people who are Muslim, matrilineal, and speak Minang, their local language, in addition to Indonesian, the national tongue. Throughout Indonesia's history, there have been many prominent Minang writers, statesmen, and community leaders, and the Minang people enjoy a reputation for their quickness of mind, adaptability, and good sense and business skills. A tradition by which young men leave their homeland to work in other areas before returning to settle in their native area has meant that the Minang have had a long history of contact with other ideas and ways

of life (see Chapter IV for more on this topic). In Indonesia today, West Sumatra is known as a leader in education and all other areas that come under the blanket term 'development', the importance of which is emphasised at all levels of government and of which health is a major component.

This study, then, investigates health promotion campaigns in one of Indonesia's more developed provinces and one that is considered successful in having improved the health status of its population. The study consists of two parts. The first is a description of the kinds of campaigns currently in use, their target populations, the health issues addressed, and the means used to accomplish this. The second involves consideration of the cultural and sociolinguistic characteristics of these campaigns and evaluation of their design in light of current views on health promotion. The main sections of the study are supported by discussion of the cultural, administrative, and policy background of the campaigns and also by a review of literature relating to various aspects of health promotion research and theory to provide a more comprehensive picture of health promotion in West Sumatra.

### **1.3 Definition of Terms**

Because this study concerns a country where English is not spoken widely and where the structure of organisations and the community is quite different from most western nations, it is inevitable that some Indonesian or Minang terms be used in the text. This is particularly true for names of institutions, governmental bodies, components of the healthcare system, and cultural terms where it is impossible to find a translation that embodies the meaning of the original without introducing inappropriate secondary connotations stemming from the use of the term in English.

Indonesian terms relating to the national healthcare and governmental system as well as Minang and Indonesian terms having to do with tradition, values, and religion are used most heavily in Chapter IV which provides background material in these areas. Additionally, a glossary in dictionary form is appended to this study. Nonetheless, a number of terms, both English and Indonesian, are defined here to permit better comprehension of the study as a whole.

**Health promotion:** activities intended to increase individuals' responsibility for their own health by encouraging behaviour and attitudes that are conducive to health and reducing health risks.

*Puskesmas*: commonly used Indonesian acronym for *Pusat Kesehatan Masyarakat*, or Public Health Center. The *Puskesmas* is the healthcare facility below the hospital in the provincial healthcare system hierarchy where health promotion activities and most primary care are centred. One *Puskesmas* is intended to serve approximately 30,000 individuals, although in practice many serve much smaller populations.

*Kabupaten*: administrative division of Indonesian provinces, most often translated as 'regency' or 'district'. Each *kabupaten* is headed by a *bupati* who is the highest administrative officer at that level of government. The number of *kabupaten* a province is divided into varies considerably depending on the size of the province (see Appendix 5).

*Keluarga Berencana*: family planning. Family planning programs are run in Indonesia by BKKBN (*Badan Koordinasi Keluarga Berencana Nasional* [National Coordinating Body for Family Planning]) which, like all national agencies

and departments, has branches at the provincial and lower levels that coordinate activities within their own jurisdiction.

#### **1.4 Research Question**

The literature on health promotion suggests that campaigns that take into account the specific characteristics of their target population are more likely to achieve their goals. To this end, a large number of specific campaigns have been described and provide useful insight into methods and strategies that have been put into place to address specific issues in particular populations. In an effort to contribute to our understanding of health promotion in various cultures and societies, this study is intended to identify the sociolinguistic and cultural characteristics of health promotion campaigns that have been running in West Sumatra. It will also answer the question of to what extent do these campaigns make use of accepted principles of health promotion design.

#### **1.5 Limitations of the Study**

The purpose of this study is to consider the nature and design of health promotion campaigns in use in the province of West Sumatra. Judgements on the methods used by provincial authorities to select the issues to be addressed by health promotion efforts and their validity as well as the perceived level of need in the community for such efforts are beyond its scope. The study accepts that particular health issues have been seen locally as requiring attention in the form of health promotion activities and seeks to describe and evaluate these activities as they have been implemented. Further, the current study does not consider the outcomes of specific campaigns. Any considerations of potential effectiveness are based only on design characteristics.

## **1. 6 Justification and Significance of the Study**

Many researchers have studied characteristics of health promotion activities likely to lead to a high level of success for a particular program. One of these is the degree to which the health messages or materials used are supported by the culture of the target population. Backer et al. (1992) stressed the importance of taking into account population characteristics in designing successful health promotion campaigns. Such cultural awareness was also noted by Randall (1991) to be the factor that can insure the desired results are obtained in influencing health decisions. Similarly, Erikson (1990) found that programs that are consistent with the beliefs and values of the target population are necessary to change public behaviour with respect to health risks. Osteria and Sullivan (1991), in studying AIDS education materials, determined that the objectives of a program can be better achieved if educational programs are designed to reinforce religious and cultural values. WHO has recommended a similar strategy and has suggested that, to be effective, public health messages should overlap with cultural characteristics of the target group (Kreps and Kunimoto, 1994).

At the present time, comparatively little study has concerned health promotion efforts in developing countries, including Indonesia, despite the importance placed on health promotion in contributing to overall health. Bracht (1990) suggested that, while most studies of community health and health promotion have involved primarily white, North American and European populations, some of the populations that most need to change their health behaviour are not reached by campaigns of this type. This view has been taken by other authors, such as Braithwaite and Lythcott (1989) as well as by agencies like the US Department of Health and Human Services

(1985). Ramirez et al. (1988) noted how few descriptions of health promotion efforts aimed at such populations have been published.

Because the social structure, culture, languages, and health concerns of developing nations are likely to be quite different from those of developed nations, there is a need for greater understanding of the specific conditions that may affect health promotion designed for these societies. While it is certainly the case that each target population has its own characteristics, it is also the case that there are certain factors that are common to a number of developing nations and about which this study may provide valuable information.

Like Indonesia, many developing nations are young, having achieved independence after World War II, and have very diverse populations that include a number of ethnic, religious and language groups. In many of these nations, government tends to be centralised and hierarchical and has had to deal with a wide range of health issues, including setting up and running a comprehensive healthcare system. Because many of the world's developing nations are located in tropical and subtropical regions, there may be similarities in the health concerns of their population. Similarly, issues such as family planning may also have to be addressed by health promotion. In many cases, the major health promotion concerns of the west, such as preventing heart disease and improving diet, may not be perceived as the most pressing issues facing the population.

For this reason, the information this study provides about West Sumatra, Indonesia may have applications to the situation in other regions and nations that share some of the same general characteristics. As a young, multicultural, multilingual society, Indonesia has had considerable success in achieving its



health goals. Within Indonesia, West Sumatra is considered one of the most developed and successful provinces. The health promotion techniques made use of in this region then are likely to have value as models that could be used elsewhere, although content would necessarily have to be determined based on the characteristics of the target population in question.

Additionally, because the degree to which health promotion activities are tailored to fit the nature of the target population has been found to be associated with success in achieving their aims, a rigorous consideration of health promotion activities in West Sumatra would contribute to our understanding of the uses of cultural factors in health promotion. Health promotion efforts in this province are designed in such a way that their messages are related closely to the traditions and values of the population. This is so much the case that some campaigns would have little meaning if they were transferred to other parts of Indonesia. The campaigns in question are local in nature, strongly culture-specific and are designed to target a clearly defined sub-population within the Indonesian nation.

While it is expected that the results and conclusions reached in this study will be of use to public health planners and administrators in West Sumatra and Indonesia, it is also hoped that they will have wider significance within the study of health promotion in general. As noted above, descriptive studies of specific health promotion efforts can provide important information for researchers and planners in other locations. It is intended that this study provide a comprehensive view of health promotion activities in West Sumatra that may suggest innovative approaches, additional population characteristics for consideration, and new formats to those designing activities for other communities elsewhere in the world. Additionally, at the present time, little information is available concerning health issues in

Indonesia despite the size of the nation's population and its prominence in Southeast Asia. This study will contribute to the body of knowledge currently available through consideration of a topic that has not previously been studied in the region in question.

### **1.7 Summary**

In Chapter I, background and justification for this study were presented. Health promotion is increasingly seen as an important adjunct to primary healthcare, and a large number of campaigns have been described and discussed by researchers in the field. Most of these campaigns have concerned white, North American and European populations such that a need for more study of campaigns designed to address the needs of other kinds of populations has been recognised. It has been found, however, that regardless of the population targeted, health promotion efforts are more likely to be successful if they are designed taking into account the beliefs, attitudes, and values of the community. This study describes health promotion campaigns in West Sumatra, Indonesia which are highly culture-specific, identifies their cultural and sociolinguistic characteristics, and considers their design in light of accepted principles of campaign design. These campaigns have not been studied previously, and it is hoped that this study will provide useful information for the design and implementation of future health promotion efforts in Indonesia as well as elsewhere in the world.

## CHAPTER II

### REVIEW OF LITERATURE

A review of literature is provided in this chapter to present the background and theoretical basis for this study. The chapter is divided into four general sections related to the topic of this research, and the review is presented accordingly in sections on health promotion campaigns; health promotion and target population; the media in health promotion; and sociolinguistics and semiotics.

#### **2.1 Health Promotion Programs**

Health promotion is a relatively new field that has centred on encouraging behavioural change among individuals in the interest of improving health status at the personal as well as the community level. An important aspect of health promotion has been efforts at achieving equity in levels of health across all segments of a population. This has been widely taken to be in the spirit of "Health for All by the Year 2000" and is seen around the globe as a means of promoting increased well-being and development in the nations of the world.

WHO (1986) has defined health promotion as "the process of enabling people to increase control over and to improve their health". This definition signals one of the most important trends in health since the 1980's -- that the public has the power to influence health, rather than that ability lying in the hands of professionals, officials, and institutions alone. This point is really the basis for the field of health promotion which assumes that individuals, if given information on which to base judgements and choices, will be willing and able to change their state of health by changing their behaviour and attitudes in beneficial ways.

Given the importance that has been placed on health promotion as a means for changing the behaviour of individuals and hence changing their state of health, it is not surprising that a large number of specific health promotion campaigns have been described in the literature. Review of some of these may be useful as it will provide an insight into some of the strategies that have been put into practice to address particular health issues. Further, consideration of a number of health promotion campaigns around the world will point up some of the themes and issues of concern within the field as well as the means used to carry out the campaigns and some of the results achieved. The following section describes 14 health promotion campaigns designed to address a range of health issues and behaviours.

Anti-smoking campaigns have received a great deal of attention in recent years, particularly in the nations of the west, because of the clearly detrimental effect smoking may have on health as well as the demands that may be placed on healthcare systems due to smoking-related illness.

Lopez Gonzalez et al. (1989) reported on an innovative anti-smoking campaign developed by students at the University School of Nursing at Oviedo, Spain aimed at the school population itself. At the time, the school had been declared a non-smoking institution, and the aim of the project was to cause at least 60% of the smoking population to give up the habit. In an effort to educate the target population as to the advantages of not smoking, the authors explained that various artistic activities, including skits, popular demonstrations, a painting exhibition, and a street music performance, were used. Additionally, alternative activities for smokers were presented. While the authors reported that the campaign was successful, it did not succeed at the level hoped for. They noted that it was not possible to maintain the numbers of individuals who initially agreed to stop smoking and suggested

that the age and good level of health of the target population may have contributed to the high fall-back rate.

Similarly, Hunkeler et al. (1990) described an anti smoking campaign aimed at the Black community of Richmond, California, amongst which smoking rates were very high. The campaign was designed to take a community-based approach because it was realised that the Black population had a long history of using community organisation to achieve social and political aims and because smoking was seen as part of the social context. This campaign involved participants from various professions, organisations, and institutions within the community and relied on a strong media component to promote its message. Billboards, bus posters, direct mail ads, television spots, and numerous press releases were used to generate a major community presence for the campaign. Some of these media activities specifically targeted the whole Black community while others were directed at smokers or young people. Additional activities were set up in schools. The campaign found extensive community support and participation. While the campaign was considered successful, the authors noted that smoking did not achieve the priority status of drug abuse, for example, but they were able to identify a number of important strategies for reaching a Black community in the United States for the purpose of health promotion.

In many communities, smoking is an issue that involves youth for whom this behaviour is often viewed as particularly detrimental to health. For this reason, anti-smoking campaigns have been directed specifically to a teenaged audience.

de Vries and Dijkstra (1989) evaluated a Dutch smoking prevention campaign directed at children aged 13-14 years old. This program made use of

videotaped material shown in conjunction with peer-led discussion and homework activities. The authors stressed the importance of evaluating programs such as this one in order to determine which topics may require more attention. Their analysis indicated that both teachers and students found the video/peer-led approach desirable. In addition to reducing boredom on the part of the students, this approach lessened the time needed for teacher training. The content of the program was found to have a favourable effect on the smoking behaviour of vocational school students, in particular, and the authors recommended its use nationally. They did, however, advise further research into the characteristics of intended target groups to allow for better specificity.

Another issue that has frequently been addressed as a part of health promotion efforts is that of the prevention of heart disease. Because cardiovascular illness may be affected by a number of lifestyle factors that would seem to be amenable to individual efforts at change and because of its prevalence in some societies, there have been many health promotion efforts designed to change the behaviour that may contribute to it.

As a result of extremely high levels of cardiovascular disease among the population of Wales, the Welsh Heart Programme was started in 1985. Griffiths (1989) reported that preventive efforts directed at changing behaviour as well as educating the community were seen as necessary, particularly among young people in conjunction with school-based activities. The project involved school materials with packages for both primary and secondary levels; professional training for teachers in health education and health promotion; use of public health messages in the print and electronic media; and association with clubs and youth organisations of various types. A related development was the establishment of a Master of Science of Health

Promotion at the University of Wales College of Medicine designed for individuals involved in health education and promotion. Griffiths noted that the project was the first program of its type in Wales, and a great deal of progress had been achieved in increasing community awareness of health behaviour, which in itself was seen as having laid a foundation for future activities of this kind.

Howson (1989) described another health promotion program in Wales that concerned nutrition and good eating habits. The Lose Weight Wales Campaign was associated with the Welsh Heart Programme described by Griffiths (1989) and sought to provide information and motivation to the public to lose weight and eat sensibly. Publicity for the Lose Weight Wales Campaign was attracted through the use of television spots shown during existing life-style television programs. A guide book was produced as were badges, stickers, and T-shirts. The campaign was adopted by commercial outlets to encourage the use of lean meats and skim milk, and workplace inducements were also tried. Howson concluded that, judging from public response to the Lose Weight Wales products and information, the campaign was very successful in sparking interest in the community. The television program became one of the most popular among viewers. Still, Howson pointed out, it was not possible to determine how this observed interest might relate to a long-term change in behaviour and attitudes among participants.

As is the case with smoking, it is also generally understood that young people may engage in behaviours that contribute to heart disease, and health promotion programs to reduce the risk of developing this illness have been directed at this age group as well.

Legatic et al. (1985) studied the health knowledge and behaviour of Yugoslavian children under the auspices of WHO in association with the use of time efficient methods to reduce cardiovascular risk. Their study indicated that, while the 14 and 15 year olds they surveyed possessed a high level of knowledge about physiology, only about 20% could list any risk factors for cardiovascular disease. In light of these findings, the authors recommended the establishment of promotion programs in schools aimed at reducing cardiovascular risks, which would involve teachers and parents as well as the students themselves.

In a study concerning the carrying out of health examinations in schools, Laaser and Allhoff (1985) found that it is possible to achieve a participation rate of 75% of the student body without significant problems. Their study, which involved 15-19 year olds in Cologne, Germany, indicated that school-based health screening was particularly useful in evaluating risk parameters such as blood pressure, cigarette smoking, and cholesterol levels. They were also able to identify a higher risk subgroup within the student population, namely vocational school students, who tended to have higher cholesterol levels and a reduced likelihood of participating in preventive examinations. Based on these results, the authors recommended a strengthening of health promotion programs for students during the years between elementary school and vocational training.

Many health promotion campaigns have been designed to increase or provide knowledge about a particular health issue, rather than to change a specific behaviour. It is likely, of course, that informational campaigns, if they are successful, may in fact lead to changes in behaviour resulting from the new knowledge disseminated by the campaign. Nonetheless, there is a distinction between campaigns intended to change one specific behaviour, such as



smoking, and those that provide information or survey public knowledge on some specific issue or on health in general.

Mongelli (1989) described an experimental health promotion program established in schools in Verona, Italy from 1978-1981. The program, carried out in an area of the city that lacked public works infrastructure relating to sewage disposal, recreational facilities, meeting places, and schools, was intended to increase public awareness of the school health service and encourage greater utilisation of services available. Materials aimed at school children were developed concerning the purpose of various medical procedures, good nutrition and preventive measures which were intended to create dialogue between teachers and students. Activities included the use of films, textbooks, and drawing and writing activities in which students were encouraged to express what they had learned. In addition to having achieved its objective of instilling an awareness of health in the target population as a step towards creating a healthier community, some additional benefits of the project were noted. These included the involvement of the provincial education office, the planning of intensive courses for public health nurses, and increasing public interest in matters of health and hygiene.

Unlike Mongelli who considered a multi-focus program that targeted all age groups, Bray and Chapman (1991) studied public awareness and attitudes toward of one disease. These authors conducted a survey in Sydney, Australia to assess the level of public knowledge about AIDS and AIDS policy during two time periods. The results of this study indicate that most respondents were able to answer factual questions about the disease, and no significant differences were found between the two survey periods. The authors reported a high recall of media coverage concerning AIDS among respondents, which seems to indicate the value of such public health

campaigns. On the other hand, a considerable degree of anxiety about the disease was also noted, possibly indicating that efforts must be made to insure balanced and rational media coverage, rather than just what the authors term "Grim Reaper stories".

Many other health issues have been the subject of health promotion campaigns where there was a perception that these issues were of concern to the community in question. Ferson and Christie (1992), for example, evaluated the effects of immunisation campaigns for measles in Sydney, Australia, by comparing changes in the overall immunisation rates of kindergarten students. The proportion of previously unimmunised children who received measles vaccination in each year under analysis was lower than might have been expected, with 16% being immunised in 1986-87, 10% in 1987-88, and 9% in 1988-89. No control population was available for comparison. The authors concluded that immunisation campaigns were not adequately reaching families with young children and, because a high level of immunisation is required to effectively prevent measles outbreaks, recommend, among other things, that a change in the law be made making immunisation compulsory.

Considering the situation across nations, Saffer (1991) studied the effects of banning alcohol advertisements from public broadcasts in 17 European and North American nations during the period 1970 to 1983. His results indicate that countries where advertisements for alcoholic beverages are not permitted have an average consumption of alcohol that is 16% lower than nations where such ads are allowed. Saffer noted that it may take several years from the time an advertising ban goes into effect for results to show among the viewing public. Nonetheless, such prohibitions would seem to be likely public policy measures that might be more widely adopted. Taking into

account the time factor and the considerable variation in laws in various countries, the results of this study do indicate that restricting advertising has had a significant effect in reducing alcohol abuse for the nations in question and that such actions may be of value in promoting desirable health behaviour.

Health promotion has also been a topic of concern in developing countries where the health status of the population may differ considerably from that found in developed nations. In many cases, illness related to basic hygiene may be common, segments of the population may have limited access to water and sanitation facilities, and health conditions endemic to tropical regions may be special problems.

Nyamwaya et al. (1989) studied a number of alternative methods for disseminating health promotion information in Kenya. Surveys undertaken as part of African Medical and Research Foundation (AMREF) activities in the 1970s uncovered many problems with health promotion programs running at that time. It was noted that existing programs did not make effective use of the media and failed to accommodate local culture. Among the approaches to health promotion adopted by AMREF was the use of folk media to communicate health information. Songs, riddles, and poems were written following local literary traditions to explain health issues and motivate the public to participate in their own health care. The AMREF program, the authors concluded, is considered to have been quite effective in changing public behaviour with respect to health and has stressed the importance of understanding local beliefs, attitudes, and customs in the development of successful health education campaigns.

A Nigerian public campaign in the field of environmental health was reported on by Ademuwagun (1989). This campaign involved the provision of comfort stations including toilet and bathing facilities as well as a supply of clean water in the city of Ibadan in the interest of reducing the spread of water-bourn disease such as dysentery, ascariasis, and cholera. While Ademuwagun reported that Nigerians tend to place a high value on personal cleanliness, a promotional campaign was deemed necessary to encourage use of the facilities. Local resources such as community development societies and ward health councils were used to disseminate information about the stations as well as the advantages to be gained from using them, rather than other bathing and waste disposal areas. Some resistance to the new facilities was noted in Ibadan City which revolved around a local distrust of public health officials, concerns over public use of traditional land, labour and materials shortages, high water and electricity costs, and inadequate maintenance of facilities. Evaluation of the project indicated that the public has not completely accepted the need and rationale for the comfort stations, but Ademuwagun was confident the plan would enjoy increased success with continuing political, technical, and administrative support from the government.

Despite their widespread nature and ubiquitousness throughout the country, health promotion campaigns in Indonesia have rarely been described. Comparatively little study has been done in relation to national, provincial, or local programs, and published work has tended to describe particular aspects of primary health care or to delineate the role of government or other agencies in providing services (see, for example, Johnston, 1983; Rohde and Hendrata, 1983; and Williams and Satoto, 1983). This is the gap that the present study aims to fill.

One of the few available studies of health promotion efforts in Indonesia is that of Elder et al. (1992) which reports on a program of radio spots to encourage participation in activities of local health posts (*posyandu*) in two towns in Central Java. Because these health posts rely on trained volunteers to provide services, it is necessary that members of the community be willing to participate and carry out their duties in a conscientious manner. This program made use of radio spots broadcast over a three month period designed to raise awareness of the important role of health post volunteers and to engender a sense of gratitude toward these individuals for their effort. The authors found that, within a very short time of airing, volunteers were spending more time at the health posts, talking more with mothers, and taking a greater interest in their duties. The authors noted, however, that the time available for evaluation of the program was not sufficient to determine the overall effectiveness of the program and recommended replicating this promotional campaign with more in-depth planning.

This review of some of the health promotion campaigns that have been described in the literature points to a number of themes and practices that are characteristic of many such campaigns around the world. Many campaigns make use of multiple media for the purpose of disseminating a health message. Combinations of print and electronic media have been used effectively for this purpose as have billboards, posters, and direct mailings. In Kenya, as reported by Nyamwaya et al. (1989), it was possible to adapt traditional literary forms for use in health promotion material. Another frequently used approach is that of a school-based campaign targeting young people and their families (see, for example, de Vries and Dijkstra, 1989; Mongelli, 1989; and Hunkeler et al., 1990).

Most health promotion campaigns target a specific population subgroup or groups that are perceived to have certain health needs. These groups frequently include young people, parents of young children, or smokers. It is assumed that members of such subgroups will have certain characteristics or attitudes in common that can be used in campaign development. In this way, the resulting campaign is likely to be more acceptable to its target population and perhaps more likely to succeed.

Nonetheless, review of these campaigns indicates that it has been difficult in many cases for the campaigns to effect the desired change at the anticipated level. Often, however, even when a health promotion campaign is less successful than was hoped for at its inception, it provides valuable information for planners and designers that can be put to use in later campaigns and built upon in the future. In many cases, even a campaign that has failed to succeed at its anticipated level can suggest methods or practices that can be adopted for future use and indicate changes that would make them more effective.

The health promotion campaigns described in Chapter IV of this study are representative of those that have been used in the province of West Sumatra, Indonesia, over the past 14 years since large-scale efforts began in the region. They share many of the characteristics of the health promotion campaigns described in the literature. For example, a combination of signs, billboards and banners, such as those described by Hunkeler et al. (1990), are typically used. Specific campaigns are also promoted in schools, as reported by Mongelli (1989) and Griffiths (1989), although the nature of the campaigns is quite different. Many campaigns make use of themes related to the region's culture and religion like those studied by Nyamwaya et al. (1989). Additionally, many of the health issues addressed are similar to those of

concern elsewhere in the world. These include immunisation (see, for example, Bray and Chapman, 1991), environmental health (Ademuwagun, 1989), and nutrition (Mongelli, 1989). The design characteristics of these West Sumatran programs are discussed in Chapters V and VI of this study.

## **2.2 Health Promotion and Target Populations**

Efforts to achieve maximum public involvement in health promotion programs may be hindered by differing views and perceptions about health held by particular groups within society. This issue may be of great importance where multicultural or multilingual communities are to be targeted. In some cases, difficulty may stem from a lack of knowledge about the customs and beliefs of the population in question. It is very often the case that specific communities share health attitudes and behaviours that may be related to a similarly shared language and culture.

Ramirez et al. (1988) commented on how few accounts of health promotion programs targeting non majority populations have been published. They argued that most of the large studies in this field have not considered the processes required to develop culturally sensitive public health campaigns which are aimed at the special needs of minority communities. This in turn may lead to campaigns failing to take into account the special characteristics of their target population and jeopardising their effect on the community.

Braithwaite and Lythcott (1989) observed that health behaviour is strongly influenced by cultural factors. For this reason, they concluded, health promotion efforts designed to address preventable illness must be developed with knowledge and respect for the target population's culture. It is also necessary to ensure that any community organisation and activities as well as any interventions deemed necessary are culturally sensitive and linguistically

appropriate. While their work primarily addressed the needs of minorities within the United States, their findings suggest that specific knowledge about health behaviour in various cultures may have wider applications to other communities.

Bracht (1990) commented on the need for more study of health promotion targeting special populations, that is populations whose characteristics may be different from the majority of the public in their area or culturally distinct groups whose values and attitudes towards health have not been well-described. He noted that knowledge of a community's past experiences with health, traditional views on illness, and existing social networks is necessary in planning health promotion activities that are successful in reaching a special population. Bracht concluded that it will only be possible to succeed with communities that have tended to be labelled "hard to reach" if our knowledge and understanding of their particular characteristics is improved.

This is of particular concern as many health promotion goals are determined in connection with the health needs of particular segments of a community. Such groups may include families, women, children, the elderly, sufferers of particular illnesses, drug users, and so on. The specific attitudes and characteristics of such groups may be used in designing and implementing health promotion activities that address the health needs of the group in question.

Pratt (1991) found that health promotion efforts have been aimed increasingly at the family in an effort to make use of members' support in influencing health status. Within families, support is often characterised by its long-term nature, openness, accessibility, and sense of responsibility of members for one another. Within the community, resources, outlook, and a range of



socioeconomic factors have been seen as affecting the influence of the family on members' health. Behaviours thought to be related closely to health status, such as eating habits, exercise, smoking, and sexual conduct, were found to be subject to significant family influence but, as Pratt indicated, it has not been possible to determine whether family characteristics are more important in some of these behaviours than others. As family influence over children tends to lessen with the age of the child, it seems clear that beneficial influence should be exerted strongly at an early age to encourage healthy practices and discourage harmful behaviour. This is particularly the case, Pratt claimed, where cultural images disadvantageous to the maintenance of health (such as the glamorising of smoking) may exert considerable pressure on adolescents in particular.

Doyal (1991) described ways in which currently observed interests in health promotion can be used to target women and their particular health concerns. Doyal noted that traditional approaches to women's health have been largely biomedical in nature and, consequently, little attention has been given to the social and environmental components of their health as distinct from those that affect other segments of the population. While the range of women's health issues certainly includes conditions related to child bearing, as has traditionally been realised, Doyal suggested that factors such as conditions in the workplace, the effects of care giving, mental health, and the use of alcohol and cigarettes must also be considered in defining the parameters of women's health. Health promotion policies directed at improving women's health then cannot deal with biomedical issues only.

Involvement of the public is desirable in every health promotion program if it is to meet its goals and encourage behavioural change (Backer et al., 1992). It frequently happens, however, that public interest and involvement are not

forthcoming, even when the benefits of participation seem clear. For this reason, how to better generate community support and involvement in health promotion is a topic of serious concern.

Bracht (1991) considered ways in which the public can be effectively encouraged to participate in health promotion activities. This approach has been supported by WHO and has been used successfully in various nations. Public participation in health promotion may take a number of forms at several levels of involvement. In most cases, Bracht found, there is some sort of partnership, where public efforts are combined with the expert or technical knowledge of professionals in the field. The public may also act to modify organisational goals in accordance with community needs. Bracht warned that there may be some drawbacks to public participation in health promotion, however, that have the potential to affect long-term results of the program in question. He noted three possible scenarios: active citizens may feel that they already participate in the functioning of the community and its institutions and hence may be reluctant to take part in new projects that appear to duplicate existing services. Some sectors of the community may view public participation as inconvenient, time consuming, and not cost effective or health promotion may be viewed as an activity for government. Finally, community priorities may change as new issues surface and take on greater importance. These reservations, Bracht noted, must be taken into account in planning the most effective balance between public and institutional participation.

Luepker and Rastam (1990) suggested that the involvement of health care professionals and institutions is vital to the success of community-based health promotion activities. Support from these individuals and agencies may serve to legitimise and enhance acceptance of programs within the

community, allow for technical input and guidance relating to local health care practices, provide leadership and planning expertise, and allow for structural or practical changes in the health care system that will facilitate implementation of the program. Despite barriers to professional involvement, such as a tendency for training to emphasise acute rather than preventive care and the state of preventive services which may be less well-rewarded than those for specific illness, the participation of health workers in health promotion campaigns can go a long way towards changing community attitudes and behaviour through the authority these professionals enjoy.

Health promotion then can be seen as a specialised form of advertising where information about health or behaviour is being "sold" to the public whom it is hoped will react in a particular way to the message it receives. While principles of social marketing have been most familiar in business settings where they are generally applied to products and services for sale to the general public, these principles have more recently been used in health promotion, where a social marketing approach has been adopted by many planners in an effort to better meet the perceived health needs of the public and reach target populations.

Lefebvre (1992) reviewed the potential uses of social marketing in health promotion. He noted that social marketing must not be taken to be a form of social control that focuses only on changing the attitudes and behaviour of individuals. Rather, it should be seen as a way of encouraging the public to take responsibility for its own health and well-being, and detailed research and study are required to do this effectively. The key to successful marketing, whether for a consumer product or for health promotion, he explained, is knowledge of the target audience, its needs, beliefs, and attitudes. Lefebvre suggested that two approaches to consumer orientation can be taken; the

target population may be viewed as passive, and health promotion activities are designed to do something for it, or the target population can be dealt with actively such that health promotion campaigns seek to involve community members as participants and partners in any interventions. Effective social marketing of any kind requires thorough understanding of market variables relating to the SES, behaviour, and psychology of the target population and may make use of various media aimed at a range of outcomes. Despite its value for health promotion, Lefebvre cautions that many questions about the use of marketing techniques in health promotion remain as yet unanswered. These include how to get around the lack of detailed behavioural data about target populations on which strategies can be based, how to elucidate the intangible aspects of health promotion such that effective messages can be developed, and how to lower costs and increase benefits of social marketing campaigns. Nonetheless, he noted, social marketing may be a valuable tool if used carefully and wisely in achieving the goal of "Health for All by the Year 2000".

Review of the literature suggests that, in developing effective health promotion programs, the importance of understanding and addressing the specific characteristics of the target population cannot be underestimated. While it is difficult to deny that the visible aspects of the lifestyle, such as language, diet, employment, place and type of residence, region of origin, and so on, may differ greatly between subgroups within one population, it is not always apparent that attitudes and perceptions about health may differ on a similar scale. Additionally, it is also the case that these subgroups may have very different health profiles that may relate to the factors noted above as well as to gender, age, socioeconomic status, and many others.

Clearly, these factors must be considered in the design of any health promotion campaign so that it is acceptable to the population it targets in terms of language and cultural references and that it addresses a health issue that is of real concern to this group. In this way, health promotion campaigns may be viewed as sharing certain aims with commercial advertising campaigns intended to sell products or services. Just as the designers of these commercial campaigns seek to target a specific audience through knowledge and understanding of the group's attitudes and characteristics, designers of health promotion might have to consider some of these same factors as they relate to health and health behaviours.

Despite the importance placed on acceptability and sensitivity of campaigns, means for assessing these characteristics are rarely touched upon in the literature. Specifically, while many authors have discussed the importance of language and message content in health promotion campaigns and have identified a whole range of characteristics that may distinguish population subgroups, very little discussion has centred on processes that might be used to select themes or images from the culture of the target population that could be used in campaign design. Similarly, the principles of linguistics that can provide a great deal of information about a population's language use and perceptions of language have not been thoroughly explored in connection with health promotion.

In this study, these factors that distinguish a population subgroup and which may affect its attitudes towards health are particularly important. The Minangkabau people of interest here are distinct, within Indonesia's very diverse population, because of their language and culture. Some of the literature in the field of sociolinguistics, the study of language in society and its relationship to the culture of a given area, will be reviewed below in

section 2.4 as background for the analysis of language and culture presented in Chapter VI of this study.

### **2.3 Language and Media in Health Promotion**

The use of mass media has been very valuable in the field of health promotion to inform the public about health risks, motivate people to adopt or discard particular behaviour, and to advocate specific changes in attitudes related to health and illness. For this reason, considerable study has been done on the use of media for health promotion which, in turn, has led to the development of specific concepts and principles for its use in this field.

WHO (1988) stressed the value of mass media in health promotion and health education. Through use of various mass media formats, it is possible to reach many people quickly without additional cost or personnel. It is necessary, however, to understand completely the patterns of media use in a community. This will include which newspapers enjoy the widest readership and the radio and TV stations that are popular and during what hours they are listened to or watched, as well as any other media channels that are in common use. WHO suggested that proverbs, fables, stories, demonstrations, posters, displays, flip charts, photographs, and films, as well as more traditional print forms such as pamphlets, print ads and billboards, may all have a place in health promotion and education activities. In every case, however, the methods used and their precise forms will depend on the characteristics of the target population and would normally be adapted in line with local expectations and desires.

Solomon (1984) found that the success of media-based health campaigns is due to the use of research into the needs, characteristics, and attitudes of the target population and the effects of message variables on this population.

Additionally, the use of interpersonal communications, such as mention by medical practitioners to their patients in support of media messages, may increase the success of a campaign. Furthermore, Solomon suggested a framework for successful campaigns that involves adequate problem analysis, appropriate media selection and use, effective message design, and evaluation of the effects of the campaign.

Egger et al. (1993), in view of the work of McGuire (1986), Solomon (1984), and Rogers and Storey (1987), identified a number of principles for use in designing a successful health promotion campaign. These include: conducting formative research, using skilled creative personnel, understanding the audience, customising the message, maximising contact with the message, using multiple channels, setting realistic goals, and providing environmental support for the campaign. Like Maynard (1991) and Cohen (1992), the authors indicate that it is also necessary to consider the cost-benefit aspects of any media campaign in comparison with other available strategies.

Egger et al. (1993) further discussed some methods that may be useful in determining the most effective health promotion message for a particular target audience. Literature and background review, qualitative research, ethnographic and observational research and quantitative research may all be used for this purpose. The authors also stressed the importance of developing the right message for the population and health issue in question. Important message characteristics, they argued, include brevity, clarity, style, positiveness and organisation. The most important principles of media use in public health campaigns are regarded by the authors as: 1) be credible; 2) evoke a strong emotional response (either positive or negative); 3) for fear appeals, show relevant, disabling effects in otherwise healthy individuals; 4)

be dramatic; 5) use simple, concrete wording or images; 6) show a means of adopting the desired behaviour; 7) use modelling to encourage adoption of the desired behaviour; 8) use mnemonics for information content; and 9) ensure that prescriptive as well as popular norms are adhered to. When these guidelines are followed, they suggested, a campaign is more likely to reach the target audience in a shorter time period and lead to rapid awareness of the issue at hand, hence contributing to efforts to encourage particular behaviour or attitudes.

Flora and Cassady (1990) identified four types of media message typically used in health promotion campaigns. A message may act as an agent of primary change, as a complement to other interventions, as a means of recruitment for and promotion of services, and as a support to lifestyle changes. They concluded that the media can play an important role in health promotion efforts but is often underutilised at the local level. For this reason, an understanding of the potential use of the media in health promotion might be helpful in increasing the impact of community-based campaigns as might the study of successful media-based efforts.

Tones et al. (1990) studied the effects of various types of mass media use in health promotion. The authors found that, perhaps contrary to what intuition would suggest, promotional messages shown in movie theatres result in better recall than those on television. This suggests that the higher quality sound and picture as well as audience composition and involvement may be differentiating factors. The use of print media of all kinds, including pamphlets, billboards, and posters, are in practice frequently supported by audiovisual materials such as television or radio spots. An important characteristic of any print material to be used for health promotion is reading ease, without which it is unlikely to have the desired impact. In the case of all



health promotion activities using any form of mass media, the authors found that it is most important to understand the target audience and, based on this, to select the most appropriate form for transmitting the desired message.

Donohew (1990) discussed the use of individual messages as a means of encouraging behavioural change as part of health promotion activities. Noting that there have been a great many public health campaigns that have failed, sometimes after considerable expense, and relatively few that have succeeded, the author suggested that these failures likely came about because too much was expected from the effect of media on behaviour. For this reason, Donohew believed that a two-stage approach, such as the use of specially designed messages intended to encourage the public to call a hotline for further information, may be more effective. This kind of approach takes better account of human information processing and individual differences in interest and attention.

Brown and Einsiedel (1990) noted the extensive use of media in public health campaigns but suggested that there have been few efforts to evaluate the effectiveness of this approach. The evaluative studies that have been done indicate that successful media campaigns are those based on a comprehensive understanding of the health issue they address and their audience, which has been targeted by appropriate and consistent media messages. The authors discussed a number of steps to be used in setting up a media campaign. These are: setting campaign objectives, identifying the target audience, choosing appropriate media channels, developing materials and messages, and evaluating the program. The most effective messages, they argued, are designed specifically for the target population based on formative research. It is possible to view health promotion through the mass media as a specialised form of advertising. Where the aim of advertisements is to sell a product or

service, health promotion messages aim to "sell" desirable behaviours or attitudes. The need to persuade members of the public to do something they might otherwise not do is central to both advertising and health promotion campaigns. For this reason, some of the research in the field of advertising, particularly that which concerns message design and language use, is directly applicable to health promotion which, as is the case in advertising, depends heavily on public reaction for success.

The similarity between health promotion and advertising has been noted by a number of authors (Brown and Einsiedel, 1990; Lefebvre, 1992), and study of the descriptions of various campaigns contained in the literature further point up these common elements ( see, for example, Griffiths, 1989; Howson, 1989; and Hunkeler et al., 1990). For this reason, it is worth considering some of the literature that has developed concerning language use in advertising.

Vestergaard and Schroeder (1985) studied the language of advertising. They suggested that advertisements of all kinds must do five things: 1) attract attention; 2) arouse interest; 3) stimulate desire; 4) create conviction; and 5) cause action. They noted that the most common method for attracting attention and arousing interest is to make a claim for the product or service being advertised. These claims may be implicit or explicit and frequently rely on puns, metaphor, rhyme, parallelism, and cultural references. Advertisements further stimulate desire and create conviction by portraying an image of the product or service's superiority to others, the care with which it was produced, or through association with a scientific or medical authority. Finally, they argued, most advertisements attempt to cause action through the use of directive language of some sort, which may involve imperative statements, direct speech acts, or suggestions. Some advertisements are

phrased as advice to avoid taking a commanding tone and may even request that consumers call or write for further information.

Dunn (1969) discussed the use of various forms of communication in advertising and promotion and suggested that one of the most frequently relied upon tactics in attempting to influence public attitudes and behaviour is the development of a slogan. According to Dunn, slogans serve two main purposes: to provide continuity for a campaign and to encapsulate in a few easily recalled words what the campaign is about. There are several types of commonly used slogans, among them those that serve to emphasise reward, those that emphasise action, and those that combine both of these, sometimes in an implicit manner. Dunn also described some of the characteristics of effective slogans: they must be easy to remember; should provoke curiosity; highlight an action, reward, or both; use rhyme, rhythm, and alliteration as these assist recall; and be unambiguous. Additionally, Dunn stressed the need for careful research in determining the most effective slogan and suggested that slogans will be most useful when a campaign is intended to run for a long period.

Mandell (1974) discussed the elements that make for successful headlines in advertising and promotion campaigns. Like Kleppner (1966), he identified five types of headlines: news, advice and promise, curiosity, selective, and demand. Mandell suggested as well that a single headline may combine two or more of these types. A news headline presents some piece of information that, from the point of view of the designers, the public needs to know. Advice and promise headlines encourage the public to use a product or engage in a particular behaviour and indicate that some reward will follow. A selective headline is a means of targeting a specific segment of the public by addressing that group directly. Demand headlines tell the public to do what

the campaign indicates through the use of various types of imperative language. Mandell pointed out that successful advertisements or promotions usually combine a message with artwork, though it is usually the message that is developed first. A good pictorial layout, he suggested, will combine balance and clarity of image in a way that supports the theme of the campaign and the message to be used.

Wearne (1985) investigated methods for establishing the message of an advertising or promotional campaign. According to Wearne, promotional message should strengthen knowledge about its subject, modify what the public thinks about this subject, change their view of the subject, and add to their knowledge about the subject. Wearne identified a number of strategies for successful message design. The process begins with the selection of a main point that will stand out in the campaign and be reinforced throughout messages that are part of this campaign. Promotional and advertising messages often address ideas and visions the public may have of itself. They often rely on imagery related to cultural archetypes or ideals, or they might be designed to create a feeling of group membership through association with the product, service, or behaviour of interest. Wearne further pointed out that promotional and advertising messages have a limited period of effectiveness. After repeated exposure, the public may simply ignore or reject them. This, he claimed, happens quickest with television and radio spots but is also a problem with print messages. For this reason, he suggested, for a long-running campaign to succeed, messages must be changed and updated to hold public attention yet should maintain the same emphasis or theme to avoid confusion.

Review of the literature concerning media use in health highlights a number of principles that can be summarised as follows: use of any media approach

requires thorough research into the characteristics of the target population; the effectiveness of media campaigns may be improved through the use of reinforcing measures such as interpersonal contact or exposure through multiple formats; messages work best when customised for the target population; messages that make use of rhyme, rhythm, or other mnemonic techniques may aid recall and boost effectiveness; and messages should be brief, clear, and designed for ease of reading.

Use of these principles, the literature suggests, increase the likelihood of a message reaching its target audience and achieving its desired effect. They can be used as a guideline for effective message design. If combined with content determined from knowledge of the culture and language of the target population, it is likely that the messages produced will be highly tailored, culturally sensitive, linguistically appropriate, and likely to effect the intended behavioural change.

## **2.4 Sociolinguistics and Semiotics**

The field of sociolinguistics developed and grew into a discipline separate from other areas of linguistics during the 1960s. As a discipline, sociolinguistics is concerned with the use of language in its social and cultural contexts: the fact that people speak or use language differently and in many varied ways depending on whom they are addressing, what they are discussing, and when and where they are speaking, and that these differences are meaningful.

The early work on sociolinguistics was aimed at laying down basic principles on which research could be based. Some of the important works of this period include those of Gumperz and Hymes (1964), Hymes (1964), Capell (1966), Lieberman (1966) and Fishman (1968). Not all of this early work was

theoretical, however. A number of researchers published field studies at this time, among them Labov (1964, 1966), Shuy et al. (1967) and Wolfram (1969). Much of the work of these and other sociolinguists dealt with the phenomenon known as free variation<sup>1</sup>.

Sapir (1921), for example, had long before referred to this phenomenon as “individual variation”. At that time, though, most linguists felt that variation in language had no meaningful purpose. Sapir (1921: 165) suggested that free variations were “random phenomena, like the waves of the sea, moving backward and forward in purposeless flux”. With the rise of sociolinguistics as a field, however, it was possible to describe such variations as having social and contextual significance, even if they do not have linguistic significance (Hyman, 1975).

Another topic that came to be of particular interest to sociolinguists and that is of particular relevance in this study is the phenomenon of code switching, where bilingual or bidialectal speakers move back and forth between languages or dialects (Fishman, 1972; Trudgill, 1992). This phenomenon is very common in multilingual situations.

The term ‘diglossia’ was first popularised by Ferguson (1950) to refer to the situation where more than one language (or code) was used for communication within a single community. This has been found to occur

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<sup>1</sup> An example of free variation in English from Hyman (1975) is final voiceless stops. They occur in both aspirated and unaspirated forms as follows:

[m p <sup>h</sup> ] or [m p <sup>0</sup> ]	‘map’
[m t <sup>h</sup> ] or [m t <sup>0</sup> ]	‘mat’

In these words, two sounds(or phones), aspirated voiceless stops [p<sup>h</sup>] and [t<sup>h</sup>] and unaspirated voiceless stops [p<sup>0</sup>] and [t<sup>0</sup>], are found in the same phonological context and result in no difference in meaning when used. These two sounds are said to be in free variation.

when each code serves specific functions distinct from those viewed as appropriate for the other code. In other words, one set of behaviours, attitudes and values is expressed in one code while another set is expressed in the other. Generally, both sets are accepted as culturally legitimate and do not conflict due to their functional separation (Fishman, 1972). The situation in which code switching takes place is called the domain of the language in question. Trudgill (1992) described a language's domain as the combination of factors that influence the choice of that language by speakers. These factors might include the participants (in conversation), the topic and location.

The phenomenon of code switching is very common in Indonesia where most individuals are members of a diglossic community, with one of the codes being Indonesian. Tanner (1967) studied the language use of a group of Indonesian graduate students in the US and found that their code switching closely fit the functional divisions described by Ferguson (1959). These subjects discussed their academic work in English, most other activities in Indonesian (bahasa Indonesia), but used local languages like Javanese with members of the same ethnic group in certain situations, suggesting that these languages played very different social roles.

In terms of language domain, the region considered in this study is quite complex. As is the case with most parts of Indonesia, West Sumatra is closely associated with one ethnic group, the Minangkabau, who make up most of its population. Their native language is Minang (which has several distinct dialects), but the national language, Indonesian, is spoken by virtually everyone (Anwar, 1990). Additionally, two foreign languages are prevalent, English and Arabic, although they are not generally used for communication the way that Minang and Indonesian are (Badudu, 1988). Each of these languages has its own distinct function within the community and is used in

a specific social context. These language domains are described fully in Chapter IV, and their relationship with health promotion is considered in Chapter VI.

Another area of linguistics that is applicable to the consideration of health promotion design is semiotics. This field, which developed from the work of philosopher Charles Sanders Pierce and linguist Ferdinand de Saussure, concerns the structure of sign systems and their meanings in terms of sociocultural behaviour (Crystal, 1997). The principles developed by Saussure have also been used extensively in the study of linguistic metaphors as well as those of other types ( see, for example, Kittay (1987) for a review of this topic).

Saussure (1916) considered that, in order to understand meaning, it was useful to think in terms of the *signifiant* (signifier), the thing that signifies, and the *signifie* (signified), the thing signified, and that the relationship of signified to signifier could be thought of as a linguistic sign. In other words, according to Saussure, anything with meaning -- a word, symbol, image and so on -- is a sign. That sign then has two aspects. The signifier is the sensory impressions of the sign, such as its spelling in the case of a written word or its sound when spoken. The signified is the abstract concept the sign represents. The sign will normally be associated with a referent as well which exists in the real world and which the sign stands for. The referent, then, is not part of the sign but is connected to it. Saussure (1916) held that signs do not get their meaning from this relationship with their referent. Rather, their meaning comes from the situations and conventions which govern its use. The meaning of a sign comes from its social context.



These basic principles set out by Saussure have since been elaborated on by many authors who have applied a semiotic framework in many different contexts. Bernstein (1971), for example, made use of semiotics to describe elaborated and restricted linguistic codes. Guiraud (1975) used a semiotic approach to identify social signs, such as tone of voice, mode of dress and dining etiquette, that in themselves have no meaning but convey to observers specific aspects of a society's social structure. Semiotic principles have been applied in textual analysis as well. Todorov (1981) considered the semantic, style and syntactical elements of text. Fairclough (1989) adopted a similar approach to discourse analysis. This structuralist view, as Saussure's approach has come to be called, has been very influential in every area of linguistic research and has been heavily used since the 1930s (Trask, 1996).

Thwaites et al. (1994) developed an application of semiotic principles for use in the study of culture. The authors suggested that many forms of advertisement, photography and text can be understood in terms of the signifier, signified and referent of their key elements by viewing them as signs in a semiotic system. This approach makes it possible to elucidate the overall impression a sign might make on those who come in contact with it. In addition to signifier, signified and referent, they indicated that consideration of metaphor, which they defined as the implicit or explicit comparison between signs, and metonymy, the association of signs, provide important information about the system in question.

It is important to recall, however, that semiotics is an analytic technique that may be used with many types of data that relate to linguistic and cultural phenomena. This aspect of the field was stressed by Manning (1987) who suggested that semiotics serves as a means to identify problems, to elucidate units of analysis, and to formalise analysis. Further, Manning proposed the

semiotic principles can be used to go beyond surface meaning, or description, to understand the ways in which particular concepts will be understood and to conceptualise different perspectives that may occur within society.

The approach recommended by Thwaites et al. (1994) is based on a similar understanding of the use of semiotics and is appropriate for the analysis of many kinds of material, including health promotion messages, that incorporate both linguistic and cultural elements of the community in which they are used. In this study, the Saussurian model described by Thwaites et al. is a particularly useful framework for considering the health promotion campaigns in West Sumatra. Their content can be described in terms of signifier-signified-referent and this will provide a means for understanding the relationships between their messages and the cultural forms of the population. Discussion of this aspect of the campaigns is presented in Chapter VI of this study.

## **2.5 Summary**

This chapter reviewed literature in four areas of research: Health Promotion Campaigns, Health Promotion and Target Population, Language and Media in Health Promotion, and Sociolinguistics and Semiotics. In addition to considering general principles of health promotion design, the approaches used in various health promotion campaigns around the world, and the use of language in health promotion were discussed. Also, some of the principles of sociolinguistics and semiotics were reviewed as they apply to the language situation in West Sumatra and the content of health promotion messages in use there.

## CHAPTER III

### METHODOLOGY

This chapter describes the way in which data were collected for this study and the methods of analysis used. Additionally, issues related to the translation of health promotion messages are discussed.

#### 3.1 Setting for the Study

The boundaries of the modern Indonesian province of West Sumatra more or less circumscribe the traditional homeland of the Minangkabau people who still make up the majority of the area's population. The province, located on the west, central coast of the island of Sumatra, is bounded on the east by the Bukit Barisan Mountains along its border with the neighbouring province of Jambi. On the west is the Indian Ocean, and the north and south, bordering North Sumatra and Bengkulu provinces respectively, are heavily jungled and sparsely populated.

Traditionally, the Minangkabau homeland, or *Ranah Minang*, is viewed as having two spatial components. The true centre of the Minang, both historically and culturally, is the *darek*, the cool, fertile region between two mountains in the highlands of the province of West Sumatra. Beyond the *darek*, and including the coastal region where the provincial capital, Padang, is located, is the *rantau*. The *rantau* has been the destination of generations of young men who left their villages to seek their fortune before returning home to settle. This traditional pattern of migration, or *merantau*, has been widely studied (see, for example, Naim, 1972, 1985; Murad, 1980; Kato, 1982; Schwede, 1991) and has contributed significantly

to the economic and social order of the Minangkabau (Schwede, 1991). At present, the view of the *rantau* has expanded considerably to include places beyond the borders of the province, the island, and even the nation. Nonetheless, the contrast between *rantau* and *darek* remains central to the Minangkabau world view (Junus, 1971).

The *darek* itself is assumed to be the original home of all Minangkabau regardless of where they live. Traditionally, the *darek* was divided into three regions called *luhak*. Traditional literature and law (*adat*) contain many references to *luhak nan tigo*, the three regions, which correspond to the modern *kabupaten* of Tanah Datar, Agam, and Lima Puluh Kota (Junus, 1971).

Today, the areas comprising the three original *luhak* are primarily agricultural regions of villages with several larger towns. Of the three, Tanah Datar is considered to be the true centre of culture by many Minangkabau because that was where the hereditary rulers made their home. Their palace was located in the village of Pagaruyung, near the town of Batusangkar, and their descendants still live there, although a restoration of the palace (the original was destroyed by fire in the 1960s) is now a museum.

The distinction between *rantau* and *darek* is a central concept in the Minang view of the world and of their own culture. To a large extent, traditional boundaries have been observed in imposing the administrative requirements of the modern nation of Indonesia. At the present time, however, the nature and function of the areas traditionally making up the *rantau* and *darek* have changed.

The city of Padang, located in the traditional *rantau*, is the centre of administration of the region. With a population of almost 700,000 (Penduduk Sumatera Barat, 1994), it is the seat of provincial government, home to five universities, and the location of a large number of banks and other institutions serving the needs of a major city and the whole province. The three original *luhak* have remained primarily agricultural areas growing rice and a variety of other food products.

Any study concerning some aspect of Minangkabau culture or the economic or social structure of West Sumatra would do well to consider both the *darek* and the *rantau* due to their importance in the Minang world view as well as because they represent the geographical, sociological, and economic dichotomy of the region.

The data on health promotion campaigns presented in this study were collected at a variety of locations within the province corresponding to the traditional *darek* and *rantau*, in particular the modern administrative divisions of Padang-Pariaman, Tanah Datar and Agam. The Padang-Pariaman region, including the provincial capital, Padang, represents the *rantau* while Tanah Datar and Agam, the *darek*, are still viewed as the cultural centre of the province. It should be noted that the *darek-rantau* division in West Sumatra does not coincide with a straightforward rural-urban dichotomy such as might be applied elsewhere. While Padang, the provincial capital, is located in Padang-Pariaman and hence the *rantau*, the second largest city in West Sumatra, Bukittinggi with a population of approximately 86,000, is in Agam, while Batusangkar, the third largest, is

in Tanah Datar (Penduduk Sumatera Barat, 1994). Similarly, outside Padang and its suburbs, Padang-Pariaman is rural, with its population spread out in villages along the coast.

### 3.2 Data Collection

The data collected for this study were of two kinds and derived from several sources. This reflects the two-part nature of the study which includes both description of health promotion efforts in West Sumatra and an evaluation of the design health promotion campaigns in the areas of interest. All data were collected in West Sumatra, Indonesia, over the course of visits made to the province in 1995 and 1996. Published materials, reports, records and material from unstructured interviews used in this study were in bahasa Indonesia, the national language of Indonesia. Health promotion messages occasionally used Minangkabau, the regional language of West Sumatra, in addition to Indonesian. As the researcher is fluent in these languages, no interpreters or assistance with non-English sources were required. All translations appearing in this study were validated by the head of the Department of Asian Languages and Studies at University of Tasmania, who is originally from West Sumatra and is fluent in Bahasa Indonesia, Minangkabau and English. Arabic quotations from the *hadith*, or collected sayings of the Prophet Mohammad, were in use in conjunction with Indonesian language messages in a few cases as well. Because the researcher can read written Arabic but does not speak the language, the meanings of these statements were checked with religious experts in Indonesia and confirmed through

reference materials available in other languages, including Guillaume (1956), Gibb and Kramers (1971) and Daud (1982).

Issues relating to the translation of health promotion messages that appear in this study are discussed below.

The first type of data used in this study were derived from unstructured interviews, printed materials and publications and were used for the purpose of describing and characterising the nature of health promotion campaigns in West Sumatra. Interviews were conducted with provincial and local health officials, *Puskesmas* personnel and university faculty members. The researcher's association with IKIP Padang [Padang Institute of Education and Teacher Training], which is responsible for preparing teachers for every educational level, was instrumental in obtaining access to information and individuals as part of this study.

Where possible, examples of health promotion materials were collected from Deppen [Department of Information] and from the local press. However, because the majority of health promotion campaigns rely on large-scale outdoor advertising, banners, sign boards and murals, many campaigns were documented photographically with accompanying notation made of the exact location of the display, the nature of the surrounding area, and the type of neighbourhood in which the display was placed.

Main roads, business districts and residential sections of the study areas were systematically canvassed as were highways connecting the locales. The researcher relied upon the assistance of three drivers employed by IKIP in this process. Through their long experience driving in the area, these individuals were able to determine the best way to cover various neighbourhoods, roads and highways within the study area and were invaluable in finding ways to take photographs among heavy traffic and crowds.

Attempts were made to obtain records of the placement and types of health promotion signs in the study areas. The researcher found, however, that no such records are kept by any of the agencies responsible for health promotion or by local government at any administrative level. It was discovered that decisions about sign placement were made on a case by case basis, as were determinations about when particular signs were no longer required. This situation suggests that systematic research into health promotion needs in West Sumatra, at least at the time of this study, was not being conducted by Depkes [Department of Health] or other agencies. This issue of availability of research as a basis for health promotion efforts in the region is discussed further in Chapters VII and VIII of this study.

In addition to documentation of roadside campaigns, health education and promotion materials used in schools were purchased from book and stationery dealers who supply textbooks to school students. Materials used



at various grade levels and types of institutions were obtained in order to determine the topics and structure of health promotion lessons used at schools.

Examples of the different types of health promotion and education materials are included in the Appendices 1 and 3 of this study.

Health promotion items and advertisements appearing in the provincial newspapers were also collected as part of this study. Daily reading of the *Haluan* and *Singgalang* newspapers made it possible to collect such pieces. National health promotion ads were obtained from the *Kompas* and *Republika* newspapers which are published in Jakarta but have a national readership. The occasional health promotion advertising that appears in *Gatra*, a national weekly news magazine, was collected as well.

Examples of health promotion advertising appearing in the provincial and national media in Appendix 2 and 4 of this study.

### **3.3 Translation**

The examples of health promotion messages discussed in this study are presented in their original form accompanied by a translation intended to make the campaigns under consideration more meaningful to readers who are not familiar with Indonesian or the other languages that appear as part of health promotion in West Sumatra.

Translations made for any purpose must provide a true representation of the meaning and intent of the original. This is particularly the case with translations intended for academic, scientific or technical purposes where the target language version may be the subject of further analysis, as is the case here. For this reason, the two most important considerations in the preparation of translations are accuracy and equivalence.

Accuracy refers to the correctness of the translation. In other words, accuracy is the degree to which the translated version expresses the same information as the original. A good translation should not contain information that is not found in the original, nor should it omit any part of the source language version (Larson, 1984).

As important as accuracy, which relates to meaning, is equivalence in translation, which refers to the function or connotations of terms in the target language. The issue of equivalence has been discussed by many authors, including Catford (1965), Nida and Taber (1969), Snell-Hornby (1988) and Newmark (1988), because of its importance in producing useable translations. Translations that are equivalent produce a comparable response in readers of the target language version that was experienced by readers of the original. To achieve this, a translator must take care to insure that the finished work does not introduce nuances that are absent from the original due to the normal use of the target language in the society where it is spoken (Snell-Hornby, 1988).

The translations that appear in this study were chosen to provide the most accurate and equivalent representations of the original messages. Care was taken to insure that the tone, formality and emotional content of the translations matched that of the originals. But because the languages used in health promotion in West Sumatra differ from English in terms of syntax and grammar, it was generally impossible to preserve the rhyming nature of some messages. Where such rhymes did occur, however, their presence is noted in the text although they may not be represented in the translation. Similarly, in some cases, original health promotion messages that are concise and “catchy” in Indonesian become wordier in English. Again, this is due to the differences in grammar and syntax. In all cases, the researcher chose to preserve accuracy and equivalence in translation and note in the text the impression the original language would convey to members of the public in West Sumatra.

### **3.4 Analysis of Data**

The health promotion messages discussed in this study were analysed using the semiotic framework, based on the work of Saussure (1916), that was described by Thwaites et al. (1994). This approach was chosen because the messages in question are intended for members of the Minangkabau ethnic groups and draw heavily upon the cultural and linguistic characteristics of their society. Semiotic analysis provides a means by which the messages themselves can be related to the language and culture

of the region and their meanings placed within the social and sociolinguistic context of the community.

The messages were first considered in terms of the signs they contained. While every word is, of course, a sign in that it represents a specific meaning to speakers of the language, only the key words of each message were considered. Words whose meaning was functional or grammatical (for example *di* 'in, at, on'; *ke* 'to'; or , *apa* which may mean either 'what?' or act as a question introducer), although they are signs in a linguistic sense (because they represent specific concepts that speakers of the language recognise), were not considered because they do not have social or cultural content.

These key words, or signs, in each message were then analysed in terms of their signified concepts. In other words, the cultural and/or sociolinguistic meaning of these terms in Minangkabau society was determined on the basis of characteristics of the culture and the nature of language use in the community. Because the researcher is not a native of the area, the current significance of concepts traditionally central to the culture were confirmed with individuals of Minangkabau background to insure that the researcher's interpretation of their signified concepts was the same as that of the target audience. Additionally, any visual images accompanying the health promotion messages were analysed in the same way. Because pictures are semiotic signs, just as words are, they also have signified

concepts that relate to cultural and social aspects of society in which they occur.

The cultural referents of the signs were then identified. That is, the actual concepts, traditions or objects represented by the signs were found. In this way, it was possible to relate the significance of key terms and images used in messages to the perceptions of the target audience based on the nature of their culture and the sociolinguistic characteristics of their community.

Finally, the health promotion message and accompanying image, if any, were considered as a whole. This allowed a determination to be made as to what metaphors were used and what their significance would be to the target audience. Additionally, consideration of the complete messages made it possible to ascertain what the effect of the message would be on those who see it, both from a cultural as well as from a sociolinguistic point of view.

The nature and attributes of Minangkabau culture as well as the sociolinguistic characteristics of the region are described in Chapter IV of this study. West Sumatran health promotion campaigns are described in Chapter V and specific messages, both in their original form as well as in translation, are given there. The results of analysis and a discussion of its significance are contained in Chapter VI.

### 3.5 Summary

This chapter detailed the location where this study was carried out. The three *kabupaten* of Padang Pariaman, Agam and Tanah Datar represent the traditional divisions of *darek* and *rantau*, with Padang Pariaman, and the provincial capital of Padang, lying within the *rantau*, while Agam, including the city of Bukittinggi, and Tanah Datar, incorporating the city of Batusangkar, are in the *darek*. Whenever possible, health promotion materials in use in these areas were purchased or obtained from newspapers and magazines. However, a majority of health promotion activities in West Sumatra are conducted through roadside sign campaigns and these were documented photographically. Most health promotion messages were in the Indonesian language, with occasional use of Minang or Arabic, and are presented in both original and translated form in this study. Health promotion messages were analysed using the semiotic framework, based on the work of Saussure (1916), that was recommended by Thwaites et al. (1988). The key signs of each message were identified and their signified concepts and referents determined in order to elucidate the significance of the messages, along with any accompanying images, to the target population.

## CHAPTER IV

### CONTEXT AND BACKGROUND

This chapter presents an overview of the healthcare system and the position of health promotion within it, in Indonesia in general and in West Sumatra in particular. It also describes the specific characteristics of the population of West Sumatra that figure in the design of health promotion in the province.

#### **4.1 The National Health System**

The setting up of a public health system in Indonesia began some 45 years ago, around 1950. As Indonesia only became independent from the Netherlands in 1945, it is significant that efforts to provide comprehensive health services began so soon after the unwilling transfer of power and the struggle between Dutch and Indonesian forces that ensued. In its short history as a nation, Indonesia has made remarkable progress in the area of public health, particularly in light of the size and diversity of its population and the fact that it is spread across thousands of islands.

In 1974, the World Health Organisation declared Indonesia the first developing nation to eradicate smallpox. By 1988, Indonesia, which had been the world's largest importer of rice, was recognised by the Food and Agriculture Organisation (FAO) for having achieved self-sufficiency in food production. By the same year, infant mortality had declined dramatically, and the nation was presented with the Sasakawa Award by WHO and was also given recognition by UNICEF for the role the *Posyandu* [*Pos Pelayanan Terpadu*], or Coordinated Services Posts, played in the reduction of infant mortality. President Suharto, himself, received a United Nations award for his success in implementing and supporting family planning programs in Indonesia and their effects on controlling population growth (Tjiptoherijanto and Soesetyo, 1994).

Not surprisingly, much of the early work done in Indonesia had a distinct clinical orientation and tended to involve personnel with medical training. Nonetheless, the improvement of public health, as opposed to simply treating individuals for specific medical problems, received early attention. By 1950, preventive practices were being offered to patients in addition to therapeutic treatment. In 1955, public health curricula were introduced at the medical schools of three prominent universities, Universitas Indonesia (Jakarta), Universitas Gajah Mada (Yogyakarta), and Universitas Airlangga (Surabaya). Shortly after, in 1956, the concept of coordinated health service embodied in the *Posyandu* began to be introduced. The long-lived *Pokok PKK* [*Pokok Program Kesejahteraan Keluarga*], or Principles of Family Prosperity, public education campaign began in 1966. One of the 10 principles was health promotion. This campaign is still running 30 years later. In 1968, the concept of the *Puskesmas*, or community health centre, was formed. By 1970, its seven main functions had been determined and laid down at the Third National Working Meeting [*Rakernas III* or *Rapat Kerja Nasional III*]. These functions were: treatment of illness and injury, improvement of maternal and infant mortality rates, control of infectious disease, environmental hygiene, public health education, public health work, and collection of health data for use in health planning (Tjiptoherijanto and Soesetyo, 1994).

The *Sistem Kesehatan Nasional* (SKN), or national health system, came into being in 1982 (Tjiptoherijanto and Soesetyo, 1994) as part of the Indonesian government's long-term plans for development. It was hoped that the presence of a national, comprehensive health system would foster coordinated and continuing efforts in health promotion, prevention, treatment, and rehabilitation (Sukarni, 1994).

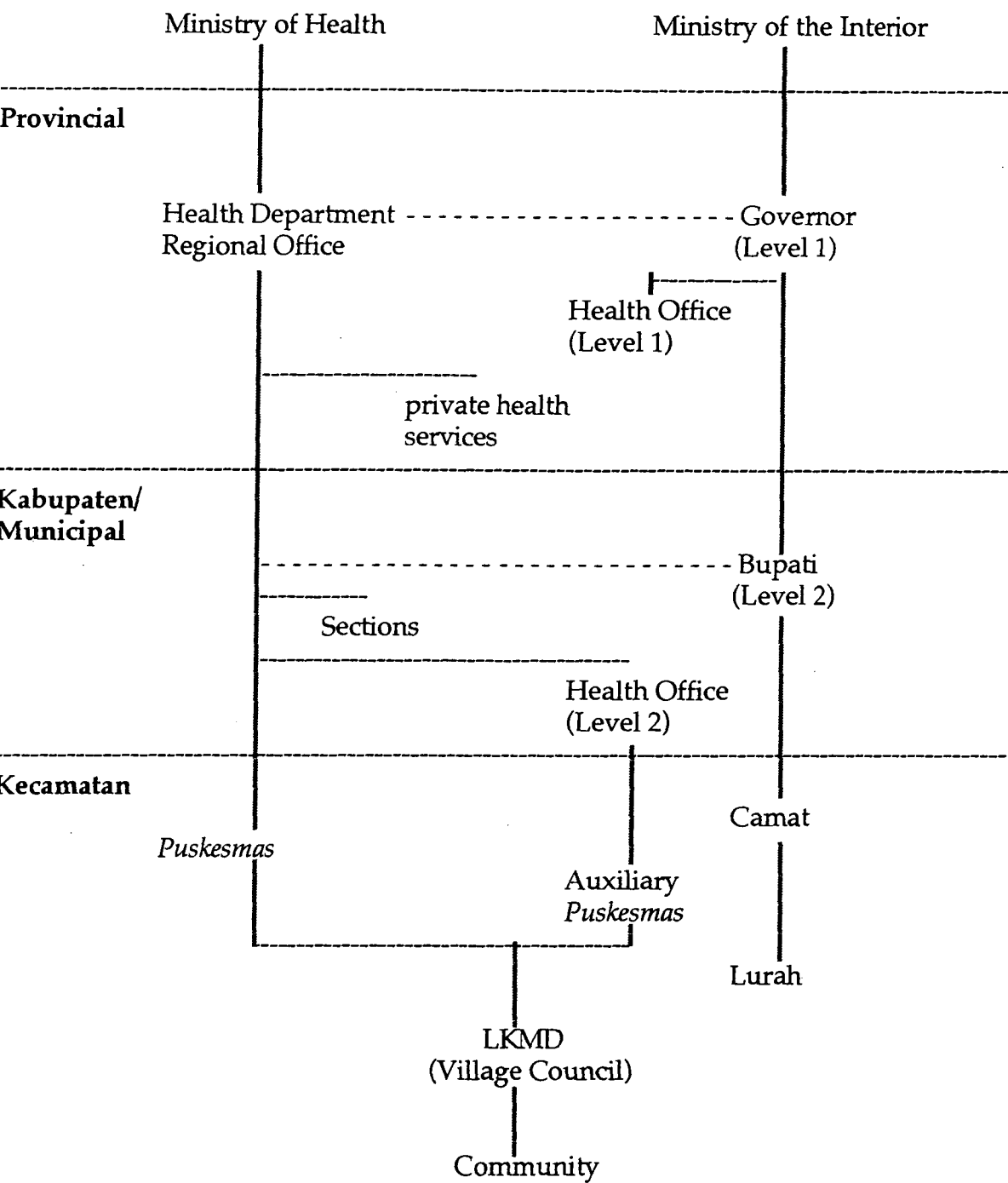
As delineated in the Guidelines for the Direction of the Nation [*GBHN* or *Garis-Garis Besar Haluan Negara*] of 1988, the development of SKN during its first years was to proceed in several specific directions. First, development in the field of health would



be aimed at improving the overall health of the public, including in the area of nutrition. Emphasis would be placed on the health of the community and family in addition to continuing efforts towards controlling and curing infectious disease. Second, development in health would be directed at the low-income segments of society in both rural and urban settings. Isolated areas, transmigration sites (areas where families from densely populated parts of Indonesia are resettled), and frontiers would receive special attention. In connection with this, the availability of healthcare facilities and the provision of affordable services would be improved. Third, greater efforts would be made to eliminate infectious disease, improve nutrition, provide safe drinking water, encourage better environmental hygiene, and set up maternal and child health programs, including family planning. In addition, public health education would be stepped up to encourage positive behavioural change as soon as possible at all levels of society. These efforts would be carried out through the *Puskesmas*, *Posyandu*, and other community institutions. Fourth, in an effort to raise the quality of healthcare, services provided by hospitals, *Puskesmas*, and other healthcare facilities would be improved. Finally, a more even geographic distribution of health personnel and supplies would be strived for (Tjiptoherijanto and Soesetyo, 1994).

While SKN was developed with the idea that it would be a national system for the purpose of fostering comprehensive healthcare of equivalent quality throughout Indonesia, the government has gradually transferred the responsibility for the functioning of the healthcare system within each province to its provincial government (Sukarni, 1994). The relationship and responsibility of various levels of government with respect to SKN is shown in figure 1.

National



*Bupati*-administrative head of a kabupaten (regency)  
*Camat*-administrative head of a kecamatan (sub-district)  
*Lurah*-administrative head of a kelurahan (village/neighbourhood)

(Source: Sukarni, 1994)

Figure 1: Relationship between Various Levels of Government and their Responsibility within SKN

As shown in Figure 1, the administrative units that make up the healthcare system are set up hierarchically with each unit reporting to that above it in the network while diffusing policy and expertise to the one below it (indicated by solid lines). Within a given province, the practical operation of healthcare services falls within the sphere of the provincial Department of Health from the village level through the *kecamatan* to the *kabupaten*. The units operating at each level serve as collection points for information to be passed to the next higher level and also disseminate information and resources to those units that report to them. For example, *Puskesmas* operating at the *kecamatan* level oversee healthcare activities, such as *Posyandu*, that are run at the village level within the *kecamatan*. Information, resources, and personnel may be dispatched to the village level from the *Puskesmas*. Data from *Puskesmas* is transmitted to the provincial Department of Health from which policy and operating decisions are passed down. Input from the administrative heads of government, such as the governor or the *bupati*, are received by the healthcare unit operating at that level of government (indicated by broken lines).

The principles which form the basis for SKN are termed *Pancakarsa Husada*. They can be summarised as follows:

1. The public must be given the ability to help itself in the area of health.
2. The living environment must be improved to support better health.
3. The nutritional status of the public must be improved.
4. Morbidity and mortality must be reduced.
5. Small, prosperous families must be encouraged through the acceptance of the small family as the norm (NKKBS [*norma keluarga kecil bahagia sejahtera* ] or the small, happy, prosperous family as the norm) (Sukarni, 1994).

One of the major programs falling within the scope of the first principle of *Pancakarsa Husada* is public health promotion. The aim of this program is to enable the public to take an active role in its own health and to develop healthy ways of life. Under its auspices fall all forms of public health promotion and communication destined for public consumption (Sukarni, 1994).

Under present government policy, the responsibility for carrying out the majority of public health promotion activities falls to the *Puskesmas* and their personnel (Azwar, 1994). Although around 5000 *Puskesmas* are currently in operation in 3586 *kecamatan* throughout Indonesia, use of facilities, and hence the effect of their programs on the community, is less than optimal in some areas (Tjiptoherijanto and Soesetyo, 1994; Sarwono, 1993). In some locations, residents may experience difficulties in coming to the *Puskesmas* due to the cost of transportation or perhaps because transportation is unavailable. Although *Puskesmas* personnel have the authority to waive the cost of a visit, the poor may be reluctant to use the *Puskesmas* for fear of being asked to pay (Tjiptoherijanto and Soesetyo, 1994). The opening of auxiliary *Puskesmas* [*Puskesmas Pembantu*] and *Posyandu* and the use of mobile *Puskesmas* to reach more areas may alleviate problems of access in remote areas.

A more important reason for some observed public hesitancy to use *Puskesmas* facilities may be the existence of psychological barriers. Very often, the personnel of *Puskesmas* and other healthcare facilities do not come from the area the *Puskesmas* serves. They are highly educated and may not speak the local language of the region. For these reasons, these personnel may be viewed as outsiders. Furthermore, in many areas, there may be deep-seated beliefs concerning the origin and treatment of various illnesses (Tjiptoherijanto and Soesetyo, 1994; Soesilo, 1992). Or, not unique to Indonesia (see, for example, McEwan, 1985), individuals are sometimes simply frightened at the thought of having to visit a doctor.

In addition to *Puskesmas*, another very important institution in health promotion is the *Posyandu* [*Pos Pelayanan Terpadu*], or Coordinated Health Services Post. Unlike *Puskesmas*, where trained personnel provide actual therapeutic and specialist services, *Posyandu* take the form of community groups loosely overseen by the *Puskesmas* in the area. They are run more as discussion groups where such topics as infant care and nutrition, family planning, and immunisation are discussed, and limited healthcare activities, such as growth monitoring of well babies, is provided. *Puskesmas* personnel may attend *Posyandu* to give immunisations and offer advice.

Unlike *Puskesmas*, *Posyandu* are run by volunteers from the community, who have received training as a *kader*, in cooperation with village or neighbourhood heads and prominent community members, under the supervision of *Puskesmas* personnel. Generally, a *Posyandu* may be set up to serve an area where there are at least 100 children under the age of five years coming from about 120 families. For this reason, a single *Puskesmas* may have dozens of *Posyandu* running under its auspices (Effendy, 1995).

#### 4.2 Traditional Medicine and Self-Care

In Indonesia, as in many other parts of the world, there exists a range of traditional options for healthcare that are generally known in most communities. In addition, a wide range of drugs and medicines is available over the counter from pharmacies (*apotek*), drug stores (*toko obat*), and supermarkets. *Jamu*, traditional tonics that are used particularly in Java for preventive and restorative purposes (rather than as therapeutics), are available throughout Indonesia either from *jamu* sellers or in packaged, ready-to-use form.

Traditional forms of healthcare, whether in the form of treatment provided by a *dukun*, a traditional healer, or as home remedies for common conditions, are felt to have a place in the nation's healthcare system. Soesilo (1992) suggested that

traditional remedies can be used effectively for conditions with high prevalence and incidence that are distributed throughout a large area where access to other healthcare may be limited. Such conditions include fever, toothache, headache, cough, diarrhoea, nausea, skin diseases, intestinal worms, and anaemia. In many cases, the ingredients required for traditional medicines are easily available from plants commonly found in residential areas. They tend to be easily formulated, convenient to store, and not dangerous to the user (Soesilo, 1992).

The reliance on traditional remedies appears to be decreasing in Indonesia. For cases of illness reported as part of the Household Health Survey [*Survei Kesehatan Rumah Tangga (SKRT)*], only 4.4% chose to see a *dukun* in 1980. This percentage had fallen to 3.0% in 1986. Interestingly, a high percentage of cases in both years chose to treat themselves with products available over the counter, 25.7% and 13.9% respectively. The percentage of cases visiting the *Puskesmas* was 17.9% in 1980 but had increased to 24.6% in 1986 (Soesilo, 1992). This may be indicative of the increasing willingness of Indonesians to forgo medical care if improvement in condition is seen, similar to what occurs in many western nations (see, for example, McEwan, 1985). The increase in the incidence of individuals making use of *Puskesmas* facilities may represent an increase in public awareness and acceptance of the treatment provided as well as improved accessibility and affordability.

It has been suggested that traditional healthcare practices be incorporated into the National Health System (Agoes, 1992; Soesilo, 1992; Azwar, 1994). Agoes (1992) has proposed a set of guidelines for this purpose which can be summarised as follows:

1. Those practicing traditional healthcare in each *kecamatan* should be registered. This might be done through the *Camat*, the *Puskesmas*, or through an independent organisation.

2. Because human beings are involved, traditional practitioners should be licensed by the Health Department (Depkes). Historically, all that has been required is registration with the police or court under PAKEM [*Pengawasan Aliran Kepercayaan Masyarakat*], or Supervision of Community Beliefs.

3. A professional organisation for practitioners should be formed in order to support the development of a code of professional ethics and a system of credits leading to a diploma should be put in place from the national level down to the *kecamatan*.

4. The government should set up *Puskesmas* where traditional medicine could be practiced under the supervision of healthcare personnel appointed by the Minister of Health. Such a facility could also serve as a collection point for data concerning traditional medicines.

5. Traditional medicines should be studied scientifically under the auspices of the Department of Health (Depkes) and the Department of Education and Culture (Depdikbud) (Agoes, 1992).

The basis for incorporating traditional healthcare into SKN would seem to be supported by law. Law No. 6, 1961, Clause 9, Section 1, concerning healthcare personnel states that: "The Minister of Health will support and oversee those providing treatment based on a system other than allopathic medicine". Section 2 holds that: "The support and supervision mentioned in Section 1 will be controlled by regulation". Further, Law No. 7, 1963, Clause 7, Section 1, concerning pharmaceuticals, states: "The government will provide support in developing a means of overseeing the use of traditional Indonesian medicines". Section 2

continues: "The support and supervision mentioned in Section 1 will be carried out through laws".

An important aspect of traditional and self-medication in Indonesia is the use of *jamu*. *Jamu* are traditional tonics made from leaves and other botanical ingredients that are thought to improve the condition of the body, prevent attacks of illness, and improve particular symptoms if taken regularly. While associated most strongly with the culture of the Javanese people, *Jamu* are available throughout Indonesia and are used by many people who are not Javanese (Soemardjan, 1992).

The *jamu* seller with his or her homemade wares displayed in bottles is a common site in many Indonesian cities where *jamu* can be bought on the street or are sold door-to-door. In addition, factory-produced *jamu* in modern packages are readily available from pharmacies and drug stores. These packaged *jamu* are reconstituted with water by users to make a drinkable substance. At the present time, there are about 400 manufacturers of *jamu* registered with the Department of Health (Soeparna, 1992). Better known brands include *Air Mancur*, *Nyonya Meneer*, *Mustika Ratu*, and *Jago*. Advertisements for these products appear regularly in the print media as well as on billboards and sponsor signs.

Soeparna (1992) has suggested that the *jamu* industry is expanding with efforts being made by companies producing these products to furnish the traditional ingredients in more convenient forms, such as tablets, capsules, and lozenges. It is possible that the demand for these products in Indonesia is related to an increasing interest in alternative forms of therapy in other countries, such as the United States, Germany, and England (see for example, Hildebrandt, 1985). At this time, when the interest in traditional medicine seems to be rising worldwide, the government of Indonesia has been encouraging the major *jamu* producers to target the export market with products that have been manufactured according to "Good Production



Methods" [*Cara Produksi Yang Baik*] as overseen by the Directorate for the Supervision of Traditional Medicines [*Direktorat Pengawasan Obat Tradisional*] (Soeparna, 1992).

Soesilo (1992), in a study based on the Household Health Census of 1980 and 1986 in the Indonesian provinces and localities of Yogyakarta, Bali, North Sulawesi, Bengkulu, West Kalimantan, Maluku, and West Nusa Tenggara, found that the majority of the population in question relied on modern medicines for minor complaints such as headaches, diarrhoea, coughs and colds, and minor injuries. In 1986, only 23.2% of the study population preferred traditional remedies. Nonetheless, this represented an increase from 19.9% in 1980 (Soesilo, 1992). While this finding represents an average across all areas studied and the study did not cover all Indonesian provinces, it is nonetheless important in that it may signal a growing use of traditional medicine. It may be the case, in some parts of Indonesia at least, that, after a number of years of experience with allopathic medicine, some people are choosing to turn to or return to traditional cures.

#### **4.3 Health Promotion in Indonesia**

In accordance with government rulings calling for greater emphasis on health promotion, the Indonesian Department of Health (Depkes) has identified five goals of health promotion that support long-term development plans for the health sector. They are derived from the five principles of *Pancakarsa Husada* listed on page 80 and are:

1. improving the ability of the population to help itself with respect to health;
2. improving environmental conditions that impinge on health;
3. improving the nutritional status of the population;
4. reducing morbidity and mortality; and

5. fostering the "prosperous family" [*keluarga sejahtera*], including encouraging an increase in the number of small and prosperous families.

It is the Directorate of Public Health Promotion [*Direktorat Penyuluhan Kesehatan Masyarakat*] at the national level that is responsible for achieving these goals. Throughout the Five-Year Development Plans [*Repelita*], policies at the national level have taken two directions. First, efforts have been made to provide information on and to accustom the public to living healthily. Second, individuals, groups, and society in general have been encouraged to make use of healthcare facilities and services and to take an active role in health efforts, particularly in programs that are considered priority areas by the Ministry of Health and its provincial offices (Azwar, 1994).

There have been various policy papers issued by the Directorate of Public Health Promotion relating to the conduct of health promotion at the provincial and lower levels. Not surprisingly, a large portion of health promotion is to be conducted through the *Puskesmas* system which stands at the centre of Indonesia's public health network. Furthermore, all healthcare personnel are to be involved regardless of specialisation, and there is to be a hierarchical chain of responsibility for provision of services.

There are four main policy statements that have been stressed by the Directorate of Public Health Promotion as being central to its health promotion aims. They are:

1. health promotion will be conducted through the *Puskesmas* in an effort to support healthcare activities;
2. health promotion activities will use an educative approach;
3. health promotion will be provided by all healthcare personnel in the

course of the normal duties;

4. the provision and development of methods, techniques, and facilities for public health promotion will be carried out by health education personnel at the national, provincial, *kabupaten*, and municipal level (Azwar, 1994).

These four policy statements are worth considering further because they contain the key to Indonesia's view on health promotion. The fact that it is considered desirable for health promotion efforts to be carried out through *Puskesmas* underlines the importance of the *Puskesmas* in the whole healthcare system. Under *Repelita III*, each *Puskesmas* is targeted to serve 30,000 people, in practical terms one *Puskesmas* per *kecamatan*. Each *Puskesmas* is normally supported by three to five *Puskesmas Pembantu* (auxiliary health centres) (Sukarni, 1994). The province of West Sumatra, for example, has 196 *Puskesmas*, 673 auxiliary *Puskesmas*, and 115 mobile *Puskesmas* (Bappeda and Kantor Statistik, 1993) serving a population of 4,209,027 (Kantor Statistik Propinsi Sumatera Barat, 1994). This makes for one permanent clinic for every 4873 people. The presence of mobile clinics would lower this ratio.

Within reach of virtually everyone in West Sumatra, even in remote areas, it is the *Puskesmas* where most people can receive medical treatment in cases of illness or emergency and where they can participate in ongoing programs such as those related to family planning, immunisation, and maternal and child health. Under these circumstances, it makes sense for health promotion programs to be run from the local *Puskesmas* which is not only familiar but whose staff are expected to understand health problems that are common within their jurisdiction.

The determination that health promotion activities will be conducted using what has been termed in Indonesia the educative approach has received a great deal of consideration and attention by Indonesian scholars and health professionals (see, for

example, Sarwono, 1993; Azwar, 1994; and Sukarni, 1994) and is considered an important reason for Indonesia's apparent success in its priority programs in the field of health. This educative approach has been defined as health promotion that is "from, by, and for the public" (Azwar, 1994). In other words, the main responsibility for public health is seen as lying in the community, rather than with healthcare personnel. While this concept is hardly unique to Indonesia (McEwan, 1985), it must be remembered that many western nations are still attempting to make their population more responsible for its own health (Light, 1986; Taylor, 1986).

Interestingly, in Indonesia, rather than leaving the public to form interest groups and organisations where the desire and impetus to do so exists, as has been the case in the USA, Canada, and Great Britain (Backer and Marston, 1993; Fuller and Pitsch, 1985; and McEwan, 1985), a more viable option has been to put the *Camat*, the appointed head of the *kecamatan* (which as noted above would normally contain one *Puskesmas*, although larger *kecamatan* may have more), officially in charge of organising the community for the purpose of encouraging and participating in health promotion programs (Azwar, 1994). In this way, under the supervision of the *Camat*, it is hoped that a local population will participate more effectively in programs administered through the *Puskesmas*. The value of such an approach using local authorities has been discussed by Thelle et al. (1985), Owen (1986), and Thorogood (1992). It should also be noted, however, that non-governmental organisations (NGOs) and community organisations whose main interest is some aspect of health do exist in Indonesia (Ryadi, 1990) although they tend to be less well known and less influential than their counterparts in some western nations.

The policy that all healthcare personnel will provide health promotion when appropriate has two purposes. First, it is a way of utilising available healthcare personnel that is cost efficient (Tjiptoherijanto and Soesetyo, 1994; GBHN, 1988). Second, it ensures that more individuals will be reached by programs they are likely

to need or wish to participate in. Healthcare personnel will be better able to judge the needs of a particular individual based on their consultation with that person and hence would be more likely to provide appropriate services (Azwar, 1994).

Finally, the policy holding that the provision and methods of public health promotion are to be determined at various governmental levels, including the province, *kabupaten*, and city, is of particular interest here. A direct result of this policy is that public health promotion programs vary from province to province and, to a lesser extent, from area to area within a particular province (Stand, 1995). It is generally recognised that the population of Indonesia, a large nation with several distinct geographical regions and many ethnic groups living under a variety of conditions, is not uniform with respect to health status, education, and need for services, and hence the healthcare system must accommodate this fact through planning and implementation carried out at the provincial and lower levels (Stand, 1995). This is reflected in the policy statement under discussion and forms part of the rationale for the present study.

There are several types of health promotion campaign in use in Indonesia and these are aimed at different segments of the population. There are campaigns aimed at the general public (Azwar, 1994), such as those involving the placement of billboards and signs and the running of television and radio spots. Others target specific subpopulations that have been identified with particular health needs. One subpopulation to whom many health education campaigns are addressed is school-aged children at all levels of education and attending public, private, and religious schools (Azwar, 1994). Programs for this group address a range of nutrition, hygiene, and safety issues. There are also campaigns directed at women, adolescents, and young people that deal with issues like maternal and child health, nutrition, and drug abuse.

The work of Mantra (1976) has been considered most important in Indonesia in relation to the development and application of the educative approach which serves as a basis for health promotion campaigns in the nation (Sarwono, 1993). Mantra (1976) suggested that the public has the right and potential to choose and behave in ways that will affect its health. The purpose of the educative approach is to encourage this potential in the public such that individuals are able to take charge of the health issues they face, either singly or in groups.

The aims of the educative approach in Indonesia are to make the public more self-sufficient with respect to health and to solve health problems that are local in nature. In order to achieve these aims, it is understood that the public must be trained and given opportunities to develop the knowledge, attitudes, and capabilities to identify and solve local health problems using the resources that are available in that area. It is for this reason that the *Puskesmas* and their associated activities stand at the centre of health education activities in Indonesia (Sarwono, 1993).

Society in Indonesia in general tends to be well-structured with a strong traditional hierarchy in existence in the typical community. Any new health promotion program will begin with health personnel approaching community leaders to inform them what will be going on and, in effect to ask for their approval (Sarwono, 1993). Once the public understands the nature of the new program or campaign, individuals will be selected to work with healthcare personnel and will be responsible for promoting and disseminating promotional materials in the area of interest. The selection of individuals from the target population itself to participate in promotional programs is intended to reach a greater portion of the community by drawing on the specific knowledge and understanding its members possess (Azwar, 1994).

It must be remembered that, although the *Puskesmas* is clearly the institution

through which many health promotion campaigns are run, the Indonesian government follows a strict hierarchy ( see Appendix 5). *Puskesmas* are close to the bottom of a governmental structure where authority originates in the national Department of Health (Depkes) in Jakarta, passes to the Department of Health at the provincial level, and from there goes to the *Puskesmas* located throughout the province. It is through this chain that information concerning health issues in a particular area is conveyed to the provincial Department of Health and then communicated laterally to the provincial Department of Information (Deppen) which, through its offices at various levels throughout the province, is responsible for all aspects of health promotion that involve the media, public facilities, and roadside signs (Stand, 1995).

Because health promotion campaigns are designed and implemented at the provincial level in Indonesia, they tend to be developed to coincide with the specific characteristics of the population they target. This has been particularly true in West Sumatra whose population is very homogenous in terms of ethnic group, religion, language, values, and traditions. In 1992, 98.19% of the province's population were Muslim (Bappeda and Kantor Statistik, 1993). It is not possible to determine with precision the percentage of the population of West Sumatra that is ethnically Minangkabau since the most recent census to include information on ethnic group was done by the Dutch in 1930. This survey suggested that, in that year, 90% of the people living in West Sumatra were Minangkabau (Volkstelling, 1930). Questions on ethnicity were removed from the Indonesian national census beginning in 1961. Schwede (1991), based on historical records, information about religious affiliation, and transmigration figures, calculated that approximately 1% of the population of the province was non-Minang at the time of her study in the late 1980s. Despite the difficulty and imprecision in determining the exact population breakdown, it is clear that a large majority of the population is Minangkabau, and that the figure lies somewhere between 90% and 99% of all residents. And, while there are minor

differences in customs and traditions in various parts of West Sumatra, the societal structure and value system of the Minangkabau people are similar regardless of their region of origin (Junus, 1971).

This high degree of homogeneity in population make-up has made possible the use of themes deriving from the language, culture, and value system of the Minangkabau in the design of health promotion campaigns. For this reason, a brief description is included here as background for discussion of the nature of the campaigns themselves.

#### **4.4 Language**

Approximately, 200 regional languages are in use in Indonesia (Medan, 1988). In 1945, when Indonesia declared independence from the Netherlands, Indonesian, or *Bahasa Indonesia*, became its official language (Medan, 1988). Indonesian is related to Malay (*Bahasa Malaysia* or *Bahasa Melayu*), the national language of Malaysia, Brunei Darussalam and Singapore, and does in fact share many elements of vocabulary and grammatical structure with that language (Sudarno, 1992).

The benefit of taking Indonesian as the national language was seen as four-fold. It was hoped that Indonesian would serve as a symbol of national pride, help create a national identity, bring the population made up of diverse ethnic groups closer together, and facilitate relationships between distant parts of the nation. Indonesian is the language of government, the media, education, and business and is used in all official contexts across the country (Badudu, 1988). The role of the language in unifying the nation has remained very important in Indonesia where a majority of the population has some regional language as its first language and these local languages may be used in school until the third grade (Lana, 1993). While a majority of Indonesians most likely speak Indonesian, and almost all understand it, it is still the case that many people feel more comfortable using some regional language,



particularly at home or in non-official situations (Anwar, 1990).

The regional language of West Sumatra is Minang. This is also the first language of most Minangkabau regardless of where they actually live. It has been suggested that Minang is quite close linguistically to Indonesian (and to Malay) and perhaps should really be classified as a dialect, rather than as a distinct language (Sudarno, 1992). Nonetheless, many linguists interested in the languages of the Malay world and Indonesian archipelago consider Minang to be a separate language from Malay or Indonesian (Omar, 1992; Medan, 1988). The classification of Minang as a language related to, but different from, Indonesian or Malay is strengthened by the fact that Minang, itself, has recognisable dialects that identify the place of origin of the speaker. The four main dialects of Minang are those of Agam, Tanah Datar, Lima Puluh Kota, and the coast. The Minang spoken in the provincial capital of Padang is considered by many to represent the standard dialect (Medan, 1988). In practice, speakers of Indonesian or Malay who do not know Minang cannot usually grasp more than isolated words when Minang is spoken.

It has been suggested that there may be factors which have slowed or hindered the use of Indonesian (as opposed to Minang) in West Sumatra. Some of these include psychological barriers to shifting language, lack of exposure to spoken Indonesian, and inadequate instruction (Medan, 1988). However it appears that this issue has not been well-studied. Indonesian-speaking visitors to the province generally find, however, that most people can speak, or at least understand, Indonesian, even if they might actually be more comfortable speaking Minang. Based on this observation, many non-Minang feel that familiarity with Indonesian is quite high in West Sumatra, even among those with comparatively little formal education. The fact that many of Indonesia's most prominent early writers, including Hamka, Marah Rusli, and Alisjahbana, were Minang but wrote in Indonesian might add to this perception. West Sumatra also supports two large daily newspapers, *Haluan*

and Singgalang, published in Indonesian in Padang as well as several smaller weekly publications. Rates of participation in education are also high in West Sumatra (Bappeda and Kantor Statistik, 1993). Presumably, in the Indonesian context, exposure to the media and to formal education would be very significant in familiarising speakers with the use of Indonesian.

Two other languages are of significance in West Sumatra, not because they are spoken widely in the community, but because of their perceived prestige value. These languages are English and Arabic.

English is currently considered the most important foreign language in Indonesia in recognition of its role in international affairs and in academic, scientific, and cultural exchange (Badudu, 1988). Not surprisingly, to the general public, knowledge of English is most often associated with high levels of education and professional status. In practice, however, high levels of English ability are infrequent, and, while English is taught at all levels of education, few achieve mastery of the language. Many people put a great deal of effort into improving their English ability, particularly in the case of those who require it in their profession. Nonetheless, for the majority of the population, English represents a language studied in school and often heard on television or in movies but that has little practical significance in their daily lives.

Despite this, there is a great deal of prestige associated with ability in English. For this reason, English language schools and courses proliferate in Padang and are found in all the major towns of the province. Foreigners often find themselves surrounded by people eager to try to speak English and may be targeted by language students who have been sent to interview English speakers as a class assignment. Those who possess some knowledge of English frequently display it by using English words or phrases in their Indonesian speech or writing, and this

phenomenon is readily apparent in newspaper and magazine text. As speaking English is viewed as desirable in West Sumatran society, this type of code switching is very common among the modern, well educated and elite segments of society.

The case of Arabic is quite different. Like English, Arabic is a foreign language in Indonesia. But the main usage of Arabic is in relation to religious matters. Because the vast majority of the population of West Sumatra is Muslim, there is considerable interest in studying and improving ability in Arabic for the purpose of learning more about religion or performing religious duties more effectively. Much the way English is associated with higher education and professionalism, Arabic is associated with piety and scholarliness in religious matters in the mind of the public. Many people send their children to special religious schools held in the afternoon to improve their ability to understand Arabic and the Quran.<sup>1</sup>

Because it is associated with religion, the use of Arabic is a daily occurrence for most people in West Sumatra. The five daily prayers, for example, are said in Arabic, and many Arabic phrases or expressions are part of people's normal conversational speech. For this reason, most people in West Sumatra probably know some Arabic, while many know a great deal, at least for religious purposes.

As is the case with English, a great deal of code switching is observable when people in West Sumatra speak Indonesian or Minang. Arabic words or expressions are

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<sup>1</sup>These afternoon religious schools are, at the time of this writing, at the centre of a very serious debate in Indonesia concerning school hours. In late 1994, the Indonesian government began trials of the five-day work week. Up to that time, offices and schools operated on a six-day week from about 8:00 am until 1-2:00pm. During the period when there were not enough schools to accommodate all the students who wished to attend, this schedule allowed for two shifts to be run, one from 8:00-1:00 and a second from 1:00-6:00. Both shifts attended school six days a week. When the new five-day week was announced, it became apparent that school children would have to attend more hours per day in order to make up the requisite number of hours of attendance. This, many people believe, would not allow them enough time to attend their afternoon religious classes (or morning classes for those in afternoon school) which in turn would be detrimental to the children as well as to the community. At present, this issue has not been satisfactorily resolved and schools are still operating on the old six-day week.

often used as exclamations, despite their being Indonesian and Minang terms appropriate in this context. Similarly, greeting used in person as well as on the telephone tend to be Arabic. The normal expression on entering a house or answering the telephone is *Assalamu alaikum*. Many people use *Astaga* to express surprise or say *Bismillah* before eating or leaving the house. In this case, code switching to Arabic is closely related to social acceptability and respectability as well as to appropriate public behaviour. Because Arabic is the language of Islam and adherence to Islam is a part of Minang identity, use of Arabic in this way signals group membership and is likely to occur across the population as whole, frequently in more informal circumstances than the use of English.

It is clear that specific language domains of the type described by Fishman (1972) and Trudgill (1992) exist in West Sumatra. Briefly, these domains can be described as follows: Indonesian, the national language, is associated with official activities of all kinds, including government, education, and the media, as well as with communication needs outside the Minangkabau community; Minang, the local language of the region, is primarily a spoken language and is used in a wide variety of non-official contexts, including within the family and in the workplace when general topics are being discussed; English is associated with the education elite and serves primarily as a status language, rather than a language of communication; and Arabic, the language of religion, is used daily in a range of greetings and exclamations for social reasons as well as to confer upon the speaker acceptability and group membership. Code switching is a common occurrence in the region and cannot be overlooked in any study of the language situation.

#### 4.5 Religion

In the minds of many Minangkabau, being Minang is synonymous with being Muslim (Junus, 1971). Thus, a large majority of the population of West Sumatra is Muslim, at least nominally so. In this way, West Sumatra is in line with the rest of

Indonesia which, in terms of population size, is the largest Muslim nation in the world. It must be remembered though that, in terms of government, Indonesia is not a Muslim state. The constitution provides for religious tolerance which is indeed practiced and allows for freedom of worship for various religions.<sup>2</sup>

In West Sumatra, with a population of 4,209,027 in 1992, 98.19% consider themselves Muslim (Bappeda and Kantor Statistik, 1993). In upland regions like Tanah Datar, the proportion may approximate 100%, at least in terms of individuals' religious identification, regardless of whether they actually practice their religion. The city of Padang, for example, supports 334 mosques, 124 *musholla*,<sup>3</sup> and 556 *langgar*.<sup>4</sup> Tanah Datar maintains 266 mosques, 375 *musholla*, and 881 *langgar* (Bappeda and Kantor Statistik, 1993). The presence of such a large number of Islamic worshipping places may be an indication of the importance of religion in the perceptions of the population.

The Minang consider themselves to be quite devout in the practice of Islam, and they are generally seen in this way by other Indonesians. Nonetheless, it is important to note that Islam as practiced anywhere in Indonesia is quite different from Islam in the Middle East, for example, or even in Malaysia, whose culture is much more similar to that in some parts of Indonesia.

While the basic understanding of Islam held by many Indonesian Muslims is similar

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<sup>2</sup>*Pancasila*, or Five Principles, is the basis of Indonesia's national philosophy. The first principle is the belief in an all-powerful God. This is translated into an acceptance of the various religions that are adhered to by the nation's population, namely Islam, Christianity, Catholicism, Hinduism, Buddhism, and traditional animist religions. In practice, Indonesians are very tolerant of other religions, and the nation has been surprisingly free of religious strife. No specific religious beliefs are enforced by the government. Although religion is a required subject in schools, for example, students normally choose the religion they wish to study that is most in line with their personal beliefs. In the interest of setting an example of religious acceptance, President Suharto, who is himself Muslim, is often present at non-Islamic religious occasions in his role as president of all Indonesians.

<sup>3</sup>A *musholla* is a small prayerhouse.

<sup>4</sup>A *langgar* is a neighbourhood place of worship. Most are very simple and do not provide the facilities expected in a mosque, such as a place to wash, study, etc.

to that of Muslims elsewhere in the world, Indonesian Islam has traditionally been quite flexible. In other words, the religion has been adapted to fit with aspects of traditional culture that preceded its arrival in the Archipelago. In the case of the Minangkabau, the pre-Islamic culture was matrilineal, a system that appears to be in direct conflict with the patrilineal tradition of Islam. Nonetheless, at present, the Minangkabau practice Islam as their religion while adhering to traditional strategies as outlined by *adat* for family matters such as childrearing, handling inheritance, and land use (Schwede, 1991).

Islam, whether practiced by the Minang in West Sumatra or by other groups elsewhere in the nation or the world, has several principles and requirements held in common by all its adherents. Muslims believe in one, all-powerful God, frequently referred to as Allah, but who may also be referred to by 99 other names in Arabic citing His various attributes. Examples of these other names include *ar-Rahman* (Most Beneficent), *ar-Rahim* (Most Merciful), and *al-Malik* (The King). The most important prophet in Islam is Muhammad, who is credited with having been chosen by God to reveal the Quran, the holy book of Islam, to his followers. Islam also venerates many of the prophets of Judaism and Christianity, including Moses and Jesus (Gibb and Kramers, 1974).

Muslims around the world are guided by a set of principles often referred to as the Five Pillars of Islam. The first of these is acknowledgment that there is one God, Allah, and Muhammad is his prophet. The second is praying five times a day (before sunrise, between noon and midafternoon, between midafternoon and sunset, just after sunset, and during the evening). The third is fasting during the daylight hours during the month of Ramadan on this Islamic calendar.<sup>5</sup> The fourth is charity to the

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<sup>5</sup>The Islamic calendar is a lunar-based calendar which does not coincide perfectly with the more common solar-based calendar currently in use in the west. Unlike some other calendar systems, the Islamic calendar does not use an intercalary month for the purpose of matching the lunar calendar to the solar one. For this reason, each year according to the Islamic calendar has 13 months (there are 13 full moons per year) and advances approximately 11 days per year according to the solar calendar.

poor and needy. And the fifth, and perhaps best-known to non-Muslims, is pilgrimage to Mecca once in an individual's lifetime if he can afford it (Gibb and Kramers, 1974).

It is important to note that the underlying culture of Indonesia in general, and of West Sumatra in particular, is not the same as the culture of the peoples of the Middle East where Islam originated. For this reason, many observers have noted that the nature of the religion in Indonesia is quite different from the nations of the Middle East or even Malaysia, which is closer to Indonesia in language and culture (Nash, 1991). Islam, as a religion separate from any cultural influences at work in a given population, holds that its adherents should strive to be as observant as possible but are only required to practice those aspects of its requirements that they are able (Nasr, 1975). It is perhaps for this reason that Islam has been accepted by a majority of the population of Indonesia including that of West Sumatra and that the religion has taken on a different, more flexible form than in other parts of the world.

In Indonesia, the principles of Islam are seen as favouring education and the transmission of knowledge. This is perhaps most apparent in fields having to do with religion and religious tradition and interpretation but clearly extends to the secular arts and sciences (Rais, 1987). This aspect of the religion is best exemplified by the Muhammadiyah Organisation, arguably Indonesia's most prominent, non governmental, educational and social organisation, whose views are both moderate and modern. Muhammadiyah operates schools, universities, hospitals, and institutions for social welfare throughout the nation, including in West Sumatra (Nash, 1991).

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The fasting month, for example, while always occurring during the month of Ramadan according to the Islamic calendar falls on different dates each year according to the solar calendar. In 1995, Ramadan began on February 3, while in 1996, it began on January 23 when the new moon was sighted. According to the Islamic calendar which begins from the time of Muhammad, it is now the year 1416.

Islam is also perceived as supporting good health and hygiene. A religious Muslim prays five times a day, and each prayer is preceded by a set of ritual ablutions (Gillaume, 1956). The *Quran*, the holy book of Islam, contains verses exalting cleanliness which Muslims believe should be applied to one's personal life (Khan, 1962).

The aspects of Islam seen as relevant to health and education form the basis for the operation of organisations like Muhammadiyah in Indonesia and are felt to be applicable to education and health in a general sense as well, particularly as belief in and understanding of Islam represent an integral part of the lives of many Indonesians.

The influence of Islam in West Sumatra is strongly felt in daily life. The call to prayer is heard everywhere five times a day, and, on Friday, large numbers of men are visible at the mosques for the midday prayer. Many women wear some version of islamic dress, usually consisting of a long skirt and long sleeved tunis and some sort of head covering, although this kind of outfit is by no means the norm. Unlike some other regions, however, women make an effort to dress fashionably, wearing brightly coloured and patterned outfits, and frequently making only a token effort to cover their hair with a scarf. It is extremely unusual to see a woman covered from head to foot in black with only her eyes showing, and this kind of outfit excites interest among West Sumatrans as well. In the home, the influence of Islam is felt in that many people take their responsibility to pray five times daily very seriously, and such prayers are often done in the common areas of the house. On holidays, everyone is expected to participate in religious activities where doing so is a clear indication, not just of religious devotion, but also of socially acceptable conduct. Public announcements by government figures and even book dedications and the like are frequently prefaced by a statement of thanks to God which often incorporates Arabic as well.



Overall, the importance of religion in the social life of the region as well as in the personal conduct of individuals. Most West Sumatrans take their religion seriously and are eager to be perceived as devout and living in accordance with religious precepts. Compared to many other parts of Indonesia, there can be no doubt that the province is one where religious feeling is strong, although Islam in West Sumatra is clearly not understood in the rigid terms often associated with the same religion elsewhere in the world.

#### 4.6 Matriliney

The Minangkabau society functions on traditional principles of matriliney which are expressed in the social structure of the community and are supported by *adat*, or traditional law and custom. Descent and family identity are through the mother's side of the family, and inheritance passes from one generation to the next through the female line.

Within the nuclear family itself, mother and children belong to one extended family, that of the mother, while the father remains a member of his mother's family. Traditionally, the maternal uncle, as a member of their family, had a special responsibility for the children of his sisters. This position, which is referred to by the term *mamak*, remains important today in Minang society, although there has perhaps been a lessening of the responsibility of the *mamak* to provide for the education and well-being of his *kemanakan*, or nieces and nephews. It is, of course, possible for there to be more than one *mamak* to a set of *kemanakan*. The father of these children will bear certain responsibilities towards his sisters' children as their *mamak* (Junus, 1971).

Despite many changes to West Sumatran society, the *mamak* still plays an important role in the lives of most Minangkabau. For example, the *mamak* will normally visit

his *kamanakan* to discuss the events of their lives as well as to pass on the traditional and social knowledge it is his traditional duty to impart. The *mamak* will certainly be invited when a child returns from the *rantau* and would be included in all important events that affect his *kamanakan*.

The nuclear family is often referred to as *samandai*, originating from one mother, or *sapariuak*, those who eat from one pot. The next kinship level is termed *saparuik*, originating from one womb, which typically refers to the extended family consisting of perhaps three generations who traditionally would have lived together in a *rumah gadang*, literally big house referring to the large multigenerational dwellings with buffalo horn shaped roofs (Schwede, 1991).

Above the *paruik* is the *suku*, often translated as clan, whose members may be related by blood or by adoption. It has been estimated there are about 100 *suku* in West Sumatra, but all are associated with either the Koto-Piliang or Bodi-Caniago *adat* tradition (Schwede, 1991). *Adat* does not permit intermarriage between members of the same *suku*. Therefore, in every marriage, the husband and wife will belong to different clans. As noted above, children will be members of their mother's *suku*.

The matrilineal system of descent also governs how property will be divided for use by family members. Land, historically the most valuable possession because of the population's dependence on rice, is traditionally owned by the extended family, rather than by individuals. Use of this land may be distributed by consensus within the family to members according to their need. Ancestral property of this type cannot be sold by individuals; it can only be disposed of permanently through consensus. It is possible, however, for individual members of an extended family to raise money from land in their use through *panggadaian*, the use of the produce from a piece of land as a guarantee against a loan. *Adat* allows four main reasons why this may be done. First, there has been a death in the family and funds are needed for a

proper burial. Second, a new *panghulu*, the head of the extended family, is to be seated involving a very expensive process. Third, a daughter is to be married. Minangkabau weddings are very large, very expensive affairs requiring extensive catering, opulent costumes, and the provision of various household goods. And fourth, the ancestral home is in need of repair or renovation. Today, however, in practice, there may be other acceptable reasons for the use of land to obtain cash (Navis, 1984). One of these additional reasons that is of increasing importance today is to pay for the higher education of children.

Other types of property, such as that obtained by a man or woman during marriage as a result of a business or occupation, do not fall under the same traditional rules of inheritance as land or other ancestral property. This type of property is inherited by the surviving spouse or children. In the case of divorce, this property remains in the possession of whoever earned it, while ancestral property reverts to the family from which it originated (normally that of the wife) (Navis, 1984). For this reason, a family, or even a clan, without daughters may die out as there are no female members of the next generation to whom property can pass.

Many Minangkabau feel that the strength of their matrilineal system lies in that it provides for women and children who might otherwise be in a vulnerable position in the case of dissolution of a marriage. Where a husband is absent due to death, divorce, or *merantau*<sup>6</sup>, the wife and any children will still have the use of their family ancestral land as well as the support of the extended family, particularly the *mamak*, or maternal uncle. The importance of the mother in Minangkabau society is embodied in the concept of *Bundo Kanduang*, the ideal (true) mother. The attributes of *Bundo Kanduang* are reflected in traditional literature, *adat*, and the community's

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<sup>6</sup>*Merantau* is a system of voluntary migration where young men traditionally leave their home village to make their fortune in another place (the *rantau*) before returning home to marry and settle. In actual fact, many men, and increasingly women, choose to settle permanently in the *rantau*. This may account for the large number of Minang in Jakarta, for example, as well as the quantity of funds that is sent back to West Sumatra by these *perantau*.

view of itself and include characteristics related to being a good mother but also ideals of strong leadership in the family and community (Hakimy, 1994).

Women in the Minangkabau community are indisputably the head of the family. It is the responsibility of women to protect family lands; oversee production from those lands; supervise the household, including all expenditures and the education of children; contribute to the consensus process when decisions are to be made; and uphold the precepts of tradition and religion. This central role in the functioning of the community and household is supported by *adat* and custom and engenders a very high level of respect for women in the community (Hakimy, 1994).

The place of *Bundo Kanduang* in Minangkabau society is explained as follows:

*Bundo kanduang, limpapeh rumah nan gadang, umbun puruak pegangan kunci, umbun puruak aluang bunian, pusek jalo kumpulan tali, sumarak di dalam kampuang, hiyasan dalam nagari, nan gadang basa batuah, kok hiduek tampek banasa, kok mati tampek baniaik, kaunduang-unduang ka Madinah, payuang panji ka Sarugo.*

*Bundo Kanduang* is the butterfly of the big house<sup>7</sup>, holds the keys to wealth, is the top of the net and the spool that holds the string, is the center of people in the village, is an ornament for the state, and is revered. While she lives, you can swear by her name. When she's dead, you vow to her memory. She makes laws that cannot be changed. She is the cloth that will shelter you on the road to Medinah<sup>8</sup> and she is the umbrella that will shelter you on the way to Heaven.

The comparable traditional role for men is that of *Panghulu*, leader of the community. Unlike the concept of *Bundo Kanduang*, which is to be aspired to and may be achieved by any and every woman, the position of *Panghulu* is generally hereditary, with the extended family selecting the member that it believes most

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<sup>7</sup>Rumah gadang (or rumah nan gadang as here) literally means 'big house.' The term refers, not just to any house, but to the traditional Minang house with its buffalo-horn shaped roof that traditionally houses the extended matrilineal family.

<sup>8</sup> Medinah was the city where the prophet mohammad died. In this context, it simply means any important place.

capable of fulfilling the role. *Adat* holds that there are five areas in which a *Panghulu* is expected to demonstrate his leadership abilities. They are as a member of society, as a father within his own nuclear family, as a *mamak* within his extended family, as *sumando*<sup>9</sup> in his wife's house, and as an elder in the community. The duties of a *Panghulu* center on whatever *adat* requires for the extended family including making sure that decisions reached through consensus are indeed carried out. The activities of a *Panghulu* cover a wide range including education, health, housing, security, religion, and the settling of disputes. In other words, his sphere of influence may encompass anything that affects the well-being of the family and community (Hakimy, 1994).

Traditionally, there are three groups within Minangkabau society whose presence is required for the community to function. These are the *ninik mamak*, or traditional leaders, the *alim ulama*, or religious leaders, and the *cadiak pandai*, or intellectuals. Their complementary and interdependent roles are described as follows:

*Tungku tigo sajarangan.*  
Trivets necessarily come in threes.

*Tali tigo sapilin.*  
A rope must have three strands.

The first of these metaphors indicates that, as cooking is necessary for life, the three groups are necessary for the community, and, where the pot is held up by three supports, similarly society is held up by the three groups. The second metaphor suggests that, as a rope will not be strong unless it is made up of three twisted strands, society will also tend to fracture if the three groups do not work together.

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<sup>9</sup>The term *sumando* refers to a relative by marriage. In Minangkabau, it is generally applied to a man in relation to his wife and her blood relatives.

The standing of the traditional three groups in Minangkabau society today is embodied by the village of Pagaruyung, near Batusangkar, that was home to the Minangkabau rulers. The original palace burnt down and was rebuilt as a museum. Next to it, a large and elaborate mosque was constructed. Next to that, completing the row of three, was placed the new *Bupati's* office, housing the *kabupaten* administration. Located several kilometers from Batusangkar at the site of traditional rule, the symbolism of the traditional, religious, and intellectual power side by side cannot be missed by those who pass there.

At the present time, *Lembaga Kerapatan Adat Alam Minangkabau* (LKAAM), or Consultative Assembly for Minangkabau Adat, handles matters relating to traditional law and custom; *Majelis Ulama*, or the Council of Ulamas, deals with issues relating to religion; and the official provincial government structure takes the role of intellectuals in modern society. Any program that is to be successful in West Sumatra must have the support and approval of all three groups. At the present time, for example, when important meetings are held in the province or guests are being received by the provincial government, the governor's office, representing the intellectuals in society, will normally invite representatives from LKAAM and *Majelis Ulama*, and the occasion will be opened in the traditional way.

The importance of traditional ceremonies of this kind is still very great in West Sumatra. The Minangkabau people continue to place a high value on the customs enshrined in *adat* and show a desire to maintain them, if adapted to modern life. For instance, it has become common for the wealthy and educated of Padang to hold

huge, extravagant traditional weddings for their children which are conducted according to *adat*, complete with traditional food, entertainment, costumes and so on. Interestingly, these occasions are often held in rented banquet halls or international hotels and feature western-style receiving lines, but guests are seated and treated according to tradition.

It is clear then that, while Indonesia's rapid development and modernisation over the past 50 years has brought many changes to West Sumatra, many aspects of the traditional matrilineal system are still highly valued and observed by a majority of the population. It is the case though that more people are living in nuclear families, often at some distance from the rest of their extended family, but the basic importance of maternal relatives, such as the *mamak*, the matrilineal principles by which *adat* allows for property use and division, and the basic structural components of matrilineal society do not appear to have been replaced by other systems.

#### 4.7 Values

The central tenet of the Minangkabau philosophy is *Alam takambang jadi guru*, neatly translated by Wordsworth's advice, "Let nature be your teacher".<sup>10</sup> The concept that people and their activities must be in accord with the observable ways in which the world functions is expressed in a large number of proverbs, sayings, *pantun*<sup>11</sup>, and *gurindam*<sup>12</sup> that form an important part of Minangkabau traditional literature. As is the case in virtually every language (Meider, 1993), these literary forms provide valuable insight into the values of the community as well as the behaviour, attitudes,

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<sup>10</sup>Wordsworth, (1798) "The Tables Turned."

<sup>11</sup>Rhymed quatrains or sextets consisting of the *sampiran* (first two lines) setting the rhythm of the *pantun* and the *isi* (last two lines) which contains the message or point of the whole verse (Navis, 1984).

<sup>12</sup>A two or four lined rhyming set similar to *pantun* but containing no *sampiran* (Navis, 1984).

and actions considered desirable by its members.

A fundamental idea vital to understanding the Minangkabau value system is that all people are considered equal in status (Navis, 1984). This is in direct opposition to the values held by other groups, including some in Indonesia itself, such as the Javanese, where certain societal classes are held to be inherently more worthy of respect than others (Kahn, 1993).

The importance of the concept of social equality can be seen plainly in a range of traditional sayings such as:

*Tagak samo tinggi, duduak samo randah.*<sup>13</sup>  
We stand equally tall, we sit equally low.

Within the Minang community, everyone is understood to have a particular place and role according to his or her abilities and strengths. While individuals' roles may be different in nature, they are not seen as being different in worth (Navis, 1984). This idea is epitomised in the following proverb.

*Nan buto paambuih lasuang, nan pakak palapeh badia, nan lumpuah pauni rumah, nan kuaik pambao baban, nan binguang disuruah-suruah, nan cadiak lawan barundiang.*  
The blind blow away the husks<sup>14</sup>, the deaf fire the rifles, the crippled watch the house, the strong carry the loads, the stupid are told what to do, the clever serve as advisors.

In other words, it has long been recognized that people do not all have the same ability to perform particular tasks. Navis (1984) has suggested that this concept originally derived from nature in that it is generally realised that, while all trees of a

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<sup>13</sup>All examples of traditional literature are in the Minangkabau language, rather than Indonesian. See the section on language above for discussion on linguistic domains in West Sumatra.  
<sup>14</sup>In olden times, when rice was being pounded in a mortar, the separated husks that were to be discarded had to be blown off the edge of the mortar.



particular type produce the same fruit, their fruit may vary with respect to quality, quantity, or taste. The same circumstances apply to people (Navis, 1984).

Particular values and personal attributes are viewed as positive, are seen as closely related to desirable behavior, and are taken to be good for the individual as well as the community. A desire to learn, loyalty to family and people, generosity, uprightness, piety, and honesty are highly respected (Navis, 1984). Some of these values are expressed in the following saying:

*Nak mulia batabua urai, nak tuah tagak di nan manang, nak  
cadiak sungguah baguru, nak kayo kuaik mancari.*

If you want to be honored, be generous; if you want to be famous, side with the winner; if you want to be learned, study hard; if you want to be rich, strive.

The Minang place a very high value on learning and industry. They have been able to adapt to and assimilate the rapid changes and modernising influences that have been a feature of Indonesian society from the end of the colonial period through its 50 years of independence (Kahn, 1993). It is perhaps for this reason that so many Minang have played prominent roles as political, religious, intellectual, and economic leaders in Indonesia.

Indonesia's first vice president, Mohammad Hatta, was Minang. Many of the most important early novels in *Bahasa Indonesia*, the national language, were written by Minang, such as Hamka, Sutan Takdir Alisjahbana, Abdul Muis, and Marah Rusli. Politicians and statesmen from West Sumatra have included Haji Agus Salim, Sutan Syahrir, and Mohammad Natsir (Esten, 1993).

The importance of thinking things through thoroughly and carefully with proper information is stressed in the Minangkabau value system and is seen as having applicability to the community as a whole (Hakimy, 1994). The value of clear

thought is encapsulated in the following expressions:

*Pikieh palito hati,  
nanang hulu bicaro,  
haniang saribu aka,  
dek saba bana mandatang,  
baiyo mangko bakato,  
ingek runciang ka mancucuak,  
ingek di dahan ka maimpok,  
bakato siang caliak-caliak,  
barundiang malam agak-agak.*  
Thinking is the light of the heart,  
cogitation is the beginning of speech,  
silence gives rise to a thousand ideas,  
through patience the truth comes,  
consult your group before speaking,  
if you speak during the day, look around you,  
if you confer at night, be very careful.

*Adat*, most often translated as 'traditional law and custom', is a very strong force in the Minangkabau community. It is *adat* that determines the way in which property will be inherited, which groups within the community may intermarry and which may not, how possessions are to be divided if a spouse dies or is divorced, the method by which community disputes are to be settled, and who is entitled to lead the community. *Adat* also strengthens and institutionalises the matrilineal societal structure for which the Minangkabau are known and which is held to be distinct in its characteristics. Many authors have discussed these aspects of Minangkabau matrilineality in detail including Josselin de Jong (1960); Radjab (1969); Schwede (1991); and Kahn (1993).

To the Minang, *adat* is flexible and durable enough to withstand the change in times and conditions.

*Adat tak lapuak dek hujan, tak lakang dek paneh*  
Adat will not be ruined by rain nor split in the sun.

Many other examples exist that characterise the Minangkabau attitude toward their traditional guidelines for life as a community. A few will suffice here to illustrate the

nature of *adat* and the Minang view of it.

*Kain dipakai usang, adaik dipakai baru.*

If you use clothing, it wears out; if you use *adat*, it becomes new.

*Hiduik dikanduang adaik, mati dikanduang tanah.*

When you're alive, you're surrounded by *adat*; when you're dead, you're surrounded by earth.

*Kompani babanteang basi, Minangkabau babanteang adaik.*

The Dutch<sup>15</sup> surround themselves with steel, the Minang surround themselves with *adat*.

Within the context of *adat*, two elements take on particular importance in Minangkabau community life. First, the extended family and their clan demand an individual's loyalty and devotion. And second, because *adat* provides for the selection and placement of community leaders but recognizes the basic equality of all, disagreements are to be settled through consensus based on the precepts of *adat* itself as well as the greater good of all.

What are often called 'family values' are very important to the Minangkabau. Congenial relations within the household and extended family are prized, and problems within the family should not become general knowledge. Individual actions reflect upon the extended family as a whole (Navis, 1984). Navis (1984) discussed this issue in some detail and suggested that Minangkabau who, for whatever reasons become criminals or prostitutes, take great care to disguise their origins so as not to bring shame on their whole family. As the saying goes:

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<sup>15</sup>*Kompani* refers to the Dutch-East Indies Company (Vereenigde Oostindische Compagnie), the trading arm of the Dutch government that held a monopoly on Indonesian products, particularly spices, during the colonial period. The VOC, as it is often abbreviated, was founded in 1602.

*Daripado baputiah mato, labiah elok baputiah tulang.*  
It's better to be dead than live in shame.

The concept that problems should be solved by consensus is closely related to the underlying idea that it is necessary for everyone to fill his proper role as determined by his nature and ability. To the Minangkabau, when disputes are settled in a way that everyone can agree with, the community is likely to function more smoothly with less likelihood that individuals will bear grudges (Navis, 1984).

*Bulek aia dek pambuluah, bulek kato dek mufakaik.*  
A bamboo pipe contains irrigation water, agreement is reached through consensus.

In addition to promoting equality within the group, Minangkabau values hold that all people are basically the same (Navis, 1984). During the Dutch period in Indonesia, the fact that the Minangkabau, unlike the Javanese for example, did not see themselves as inferior to other ethnic groups or races, including the Dutch, was noted by the colonial government (Amran, 1981). At the same time, while the Minangkabau do not see themselves as less than other groups, they also do not believe that they are better. The concept of equality between individuals applies to all groups as well as to the Minang community itself. In other words:

*Baa di urang, baa di awak.*<sup>16</sup>  
How it is to others is how it is to us.

Overall, then, an examination of some of the values of the Minang presents a picture of a community proud of its heritage and culture that fosters strong family relationships, desires to minimise discord, and recognizes the importance of

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<sup>16</sup>*Awak* in Minang means 'we, us', hence *urang awak* (literally 'our people') means the Minang. *Bahasa awak* (literally 'our language') means the Minang language.

learning from circumstances. It may be this principle, that it is necessary to adapt to change and live in harmony with the world, that is manifested in the characteristic attitudes of the Minang that have perhaps contributed to their success on the national stage. As one of the bestknown *pantun* goes:

*Kayu pulai di Koto Alam  
Batangnyo sandi-basandi  
Jikok pandai dalam alam  
Patah tumbuhan hilang baganti.  
Pulai trees in Koto Alam,  
Their branches have sharp edges.  
If you're at one with nature,  
What's broken regrows, what's lost reappears.*

#### 4.8 Summary

This chapter provided a brief overview of the healthcare system in Indonesia and the position of health promotion activities within it. While Indonesia's healthcare system tends to be centralised and hierarchical, there is also a significant private component made up of physicians and other healthcare professionals engaged in private practice. There are also significant opportunities for the public to make use of traditional alternatives for healthcare as well as to treat themselves. The responsibility for health promotion lies with the provincial authorities such that decisions on the topics and nature of health promotion are made regionally and vary from province to province. This chapter also presented a discussion of the language and religion of the Minangkabau people of West Sumatra as well as a description of their traditional matrilineal societal structure and value system. The Minangkabau people are Muslim while the traditional structure of society, which is still strong today, is based on a system of descent and familial identity through the maternal line. The community supports several languages each with a specific domain. Minangkabau is the language of daily activities and the first language of most of the residents of West Sumatra. Indonesian is the national language which is used for all official matters, education and the media. Arabic is strongly associated

with Islam, and an understanding of this language implies a good religious education and strong moral authority. English is understood by those in possession of a modern, western-type education and is closely associated with the intellectual community. These societal characteristics figure prominently in the nature of health promotion campaigns in West Sumatra which have been designed to correspond closely to the characteristics of the target population.

## CHAPTER V

### THE NATURE OF HEALTH PROMOTION IN WEST SUMATRA

This chapter describes the nature of health promotion campaigns in West Sumatra, Indonesia, in terms of the media used, the issues dealt with, and the nature of health promotion messages.

Health promotion campaigns began intensively in West Sumatra in 1983. While various campaigns addressing a range of topics have run during the period since that time, the form health promotion has taken has been similar to that observed during this study. The campaigns discussed below are those in progress during 1995-96 but are representative in nature and topic of those used during the whole period of interest (Stand, 1995).

#### 5.1 Mass Media Use

Health promotion campaigns in West Sumatra take a variety of forms and are publicised by various means. These include billboards, signs, and banners displayed along roadways and on public buildings; newspaper advertisements and articles; and readings and activities in school textbooks. Examples of health promotion messages discussed in this chapter are primarily those used in roadside sign campaigns because these are intended for the general public and allow for a direct discussion of the cultural and language characteristics of interest here. It should be noted, however, that many of the same themes are used in other forms of health promotion as well, including those targeting specific segments of the population.

##### 5.1.1 Billboards, Signs, and Banners

The most visible form of health promotion in West Sumatra is the great

variety of billboards, signs, and banners that is visible along city streets and highways, in marketplaces in towns and cities, and outside public buildings and offices. Every area of health promotion is covered by these signs which range in size and form from one-line messages painted on bus stop shelters to full-size billboards of the type used for highway advertising.

At the time of this study, health promotion campaigns in the areas of environmental hygiene, environmental health, road safety, use of public health facilities, maternal and child health, immunisation, drug abuse, and AIDS prevention were all visible around the province. A number of these campaigns have been linked to the National Discipline Campaign [*Gerakan Disiplin Nasional*] which began in May 1995. While the National Discipline Campaign is intended to encourage good civic behaviour (such as waiting in line, increasing workplace productivity, increasing personal savings, and being on time) through a large-scale promotion effort, it has been associated with certain health promotion goals in West Sumatra. These are discussed further below.

An important aspect of the use of signs in health promotion campaigns in West Sumatra is the use of corporate and organisational sponsorship. Most signs, banners, and billboards carry the name and logo of a company or organisation that has sponsored it. This serves the dual purpose of subsidising the cost of producing and placing the sign and also provides advertising space for the sponsor. Some of the larger stores in Padang, the provincial capital, further demonstrate their sponsorship of health promotion goals by placing health promotion messages on the shopping bags and wrappings they give to customers.



In addition to publicising a company product or name in a prominent location, the sponsor may further benefit from enhanced community perception of the company or organisation as one that supports government efforts for the public good. In the case of sponsors like the Armed Forces, the generation of goodwill in the community is the only benefit that is likely to accrue as no product or service is provided by the sponsor which the public might choose over others. This also applies to local government administrations, the Civil Service Corps [*Korpri*], and sole providers like Indonesia's Telekom, the national telephone and telecommunications firm.

Many companies of all sizes have taken advantage of the opportunity to place their name as a sponsor on health promotion signs. Sponsors in West Sumatra include national companies like Coca-Cola; Jasa Rahardja, the Indonesian insurance giant; Michiyo, a producer of instant noodles and condiments; Bank Central Asia; and Natrabu, the Indonesian national travel agency, as well as numerous local businesses providing a range of goods and services like optical products, clothing, construction supplies, hairstyling and public relations and advertising.

In terms of position, visibility, and design, health promotion signs resemble commercial advertisements and are, in fact, often similar in style. It is common to see health promotion signs and product advertisements side by side at strategic corners where public exposure is at a maximum. This situation strengthens the perception of health promotion as a specialised form of advertising which appears in the same format and locations as regular ads for goods and services. Examples of health promotion signs and their placement with respect to commercial advertising may be seen in Appendix 1.

### 5.1.2 Newspaper Advertisements and Articles

While the prevalence of health promotion signs and their similarity to commercial advertisements is marked, very few health promotion ads appear in the two daily, provincial newspapers, *Haluan* and *Singgalang*. *Canang*, a local weekly, also does not carry regular health promotion ads. When health promotion advertisements are used, they generally appear in *Haluan* or *Singgalang* and tend to be in connection with some specific occasion, such as an ad for family planning services run on Mother's Day. The lack of advertisements in West Sumatran newspapers may be due to the fact that the newspapers accept little advertising overall as they are limited by Department of Information rules to a length of 12 pages daily and 16 pages on Sunday. This restriction of space has tended to lead to priority being given to news over advertising.

But while health promotion ads are few, the newspapers of West Sumatra run a large number of articles and news briefs about health promotion that typically appear in the main news section and also in special sections devoted to news of the different regions within the province. For example, a piece quoting officials of the Department of Health on a health promotion topic affecting the whole province, such as an encouragement for the public to participate in K3 campaigns throughout West Sumatra, might appear on page 3 of the daily paper along with other news relating to the province as a whole. An announcement of a new health promotion campaign beginning in a regional centre, such as a healthy baby campaign in one *kabupaten*, would probably be placed on the pages devoted to that region on the day of the week this section normally appeared.

There are two types of items on health promotion that frequently appear in the newspapers of West Sumatra. The first type consists of

announcements of programs or services and the times and places they are available or occurred. These include such events as the results of competitions among *Puskesmas* or *Posyandu*, the location and dates of immunisation clinics in various towns, or the activities of a youth group to clean up a neighbourhood. This information is often accompanied by comment from the Department of Health, *Puskesmas*, or local administration on the importance of health promotion and its goals.

The second type of newspaper item is not related to any particular event or occurrence. These articles are placed in the newspapers for the purpose of increasing public awareness of a particular health issue. For example, officials at the provincial Department of Health may be quoted as saying that the infant mortality rate is decreasing in West Sumatra and that this is due in part to improved prenatal care, nutrition, attendance at *Posyandu*, and so forth. The article might then explain various programs that relate to maternal and child health.

Because these two types of health promotion items are written as news and are carried by newspapers in the news section, they may be read by more people than if they appeared in a special column on health, for example. Also, presenting such health promotion information as news may lead to it being taken more seriously by readers and hence may make a greater impression on readers.

Another form of health promotion that frequently appears in West Sumatran newspapers is visible in the special sections devoted to individual locations within the province. Both *Haluan* and *Singgalang* publish these sections to encourage interest in areas outside of Padang and the larger towns by providing a forum for local news and events. *Haluan*,

the older of the two daily newspapers, has called this section "The Newspaper Goes to the Village" [*Koran Masuk Desa*].

Most of the larger towns of West Sumatra have a nickname. In the case of Padang, this nickname is "Padang, Our Beloved City" [*Padang Kota Tercinta*]. Batusangkar, a town in the Tanah Datar region, is called "The City of Culture" [*Kota Budaya*], in reference to its former status as the centre of the Minangkabau kingdom and traditional importance in the heartland, or *darek*. Some towns though have derived a nickname that is an acronym for various attributes of the place, and these attributes often include reference to factors that fall within the realm of health promotion. Payakumbuh, for example, a large town approximately 125 kilometres from Padang, calls itself *Kota Batiah*, or "City of Batiah", which is a kind of food produced there. The word *batiah*, in turn, is composed of the initial letters of the words, *bersih, aman, tertib, indah, asri, and harmonis* or clean, safe, orderly, beautiful, pleasant, and harmonious. Similarly, the town of Solok calls itself *Kota Beras* or "City of Rice", where *beras* comes from *bersih, elok, rapi, aman, and sejahtera* or clean, handsome, tidy, safe, and prosperous. The words *bersih, tertib* and *indah* are immediately recognisable to anyone familiar with promotional campaigns in the province as belonging to the long-established K3 campaign for cleanliness, orderliness, and beauty. The word *sejahtera*, prosperous, immediately brings to mind the campaigns of BKKBN, the national family planning agency, involving the "Prosperous Family" [*Keluarga Sejahtera*].

As these nicknames appear regularly in the newspapers, they serve as another form of health promotion, often in connection with the national *Adipura Kencana* title given to cities that have achieved a high degree of cleanliness, orderliness, and beauty. Further, they serve as an

encouragement of civic pride among residents of towns recognised by the government for their participation in public campaigns and also as an inducement to maintain the behaviours supported by these campaigns.

Examples of health promotion articles and advertisements from provincial newspapers may be seen in Appendix 2.

### **5.1.3 School Textbooks**

While health is a required subject in Indonesian schools, which incorporates topics like nutrition, hygiene and exercise, health promotion does not fall within this subject area. Rather, health promotion material, in the form of readings, plays, composition exercises, and homework activities, is found in Indonesian language textbooks. This attests to the importance placed on health promotion as a component in the education of all Indonesian children.

Indonesian language is a required subject in every grade in every school, whether public or private, religious or secular, formal or informal. Readings and exercises on health promotion are used from the earliest grades through to the end of high school but tend to be concentrated at the elementary level. Nine years of education are compulsory in Indonesia so this insures students leaving school at this point will have been exposed to the full range of health promotion material through their Indonesian language lessons.

All health promotion topics that are addressed in other media are covered in school texts. Some of this material may be in use nationally while some may fall within the local content component of the text. The most recent Indonesian national curriculum maintained the use of identical texts for

Indonesian language across the nation but allowed provincial education authorities to add specific lessons addressing topics of interest to students in their province. In many cases, this may include readings about specific cultural practices of the ethnic groups living in the province, information about the cities and products of the region, or discussion of historical events and important figures in the province's history. There are no distinguishing features that would indicate to users which lessons represent local content and which are national, and, in practice, this is probably not an important distinction. The fact that the provincial Department of Education has the authority to include lessons on topics considered important in the region is significant, however, as this situation allows emphasis to be placed on specific material relevant to local conditions, whether it is health promotion or another topic.

In addition to readings, Indonesian language texts contain exercises that are designed to give students first hand information about the topic in question. A reading about *Puskesmas*, for example, might be followed by an activity where children must visit a *Puskesmas* near their home to interview personnel about the services provided there. Readings about family planning programs also serve to introduce students to the terminology and symbols associated with BKKBN programs and may require students to identify family planning logos or to find them in their own community.

By way of comparison, other Indonesian language readings deal with topics like holidays, past Indonesian leaders, life in the village, life in the city, famous places, gardening, and animals as well as more advanced subject matter in the upper grades including economics, the use of technology, transmigration, and governance. In the case of health

promotion, as well as with other topics, Indonesian language texts are intended to familiarise students with good, standard Indonesian that can be used to discuss these topics in an educated way. This is particularly important because very few children speak Indonesian when they start school. Indonesian language classes are in actuality teaching students a new language as well as the way to think and express themselves in this language. For this reason, the introduction of specific terminology and acronyms (which are very common in standard Indonesian) is an important aspect of Indonesian classes from the elementary level and insures that students develop an understanding of the language used in newspapers, news broadcasts, and other public forums, including those related to health and health promotion. While school materials are, of course, written at the level of the grade in which they are to be used, students are exposed to language and terminology they will come in contact with outside the school and which are used by adults in real situations. This, and the fact that health promotion is included as part of Indonesian lessons at every grade level, serves to underscore the aim of this type of health promotion campaign. Rather than simply provide information about health and healthcare services, these campaigns are directed at creating a favourable view of health and healthcare that will lead to a central, comprehensive view of the goals of health promotion becoming part of students' total outlook. Further, such a view may persist when students leave school and may carry over to those in the community who have not developed this view themselves.

Examples of school health promotion material may be found in Appendix 3.

#### 5.1.4 Other Media

It is important to note that health promotion spots may be viewed and heard on national television and radio, and health promotion advertisements appear occasionally in national newspapers and magazines. While the people of West Sumatra are certainly exposed to these nationwide campaigns, they are designed for use nationally and are not part of health promotion efforts at the provincial level, even though there may be overlap of topics.

Many of the national campaigns are run by the Ministry of Health in conjunction with major advertising agencies and the media in which they appear. Print ads of this type appear mostly in the daily newspapers, *Kompas* and *Republika*, and the national weekly news magazine, *Gatra*. TVRI, the government-run television broadcaster, often shows health promotion ads at 7:00 pm just before the national news, and health promotion material is sometimes included as part of educational programming shown on TPI, Indonesian Educational Television, which is also government-run and uses TVRI's frequency in the latter's off-air hours.

Because national campaigns are designed for use across Indonesia, they tend to be straightforward and not specific for any one ethnic or language group and are infrequent. The ubiquitousness of satellite dishes and the recent licensing of several private Indonesian television broadcasters has led to a drastic decline in the popularity of government channels. As many popular programs are of foreign origin, health promotion advertising for Indonesia is rarely seen in them. Ads in national magazines and newspapers do not appear in every issue, for example, whereas virtually every copy of the West Sumatran dailies contains at



least one article related to health promotion. For this reason, national advertisements are distinct from the highly-specific provincial campaigns that are the focus of this study. They may support and complement provincial campaigns but are much less frequent and of much lower intensity.

Examples of national press health promotion ads may be found in Appendix 4.

## 5.2 Topics of Health Promotion

At the time of this study, 10 health issues were the subject of health promotion campaigns in West Sumatra. They were : K3 (environmental hygiene; orderliness, including road safety; and beauty); environmental health; family planning; occupational safety and health; drug abuse; maternal and child health; child nutrition; immunisation; road safety; and AIDS prevention. Additionally, the National Discipline Campaign [*Gerakan Disiplin Nasional*], a large-scale public education campaign not directly related to health, was being heavily promoted and was frequently associated with health promotion issues.

It must be remembered that many of the topics of health promotion in West Sumatra are also of importance nationally. That is, they represent issues or problems identified at the national level as applying to most parts of Indonesia. The nature of and form that specific campaigns take as well as the amount of emphasis they receive in a specific province, however, are determined by the provincial authorities who decide how health promotion efforts will be carried out in their region. Because provincial health promotion efforts are more visible, it is likely that they have a greater influence within their province than the much less

prominent nationwide campaigns.

### 5.2.1 K3

One of the first health promotion campaigns initiated in West Sumatra and one that still receives a great deal of attention is the K3 campaign. K3 stands for *kebersihan, ketertiban, keindahan*, or cleanliness, orderliness, and beauty. Cleanliness, here, refers to environmental hygiene and encompasses issues relating to littering, garbage disposal, and waste water and effluent release. Orderliness concerns appropriate conduct in all public places, including compliance with traffic rules and safe driving in the interest of reducing road accidents. Beauty, in the context of K3, refers to efforts to make the living environment more attractive such as by planting trees and gardens.

K3 is a prominent subject in Indonesian textbooks for use in schools. Lessons on K3 typically explain the importance of a clean environment to health and also promote K3 through readings and exercises on road safety. Students may be required to write about K3 where they live or discuss the consequences if K3 is not maintained. K3 is covered mostly at the elementary level beginning from the earliest grades, but, because it covers so many distinct issues, tends to recur throughout the school experience.

Promotion of K3 also appears regularly in the newspapers of West Sumatra. These items may take several forms, ranging from reports of compliance with K3 regulations in specific locations, discussions of the importance of K3 to health, and coverage of the *Adipura Kencana* awards given to towns and cities for their achievement in setting up and promoting efforts to improve K3. K3 has been so heavily promoted that reference to these campaigns even appears occasionally in political

cartoons.

Roadside signs, however, are the most common form of promotion of K3 at the time of this study. Fifty six different K3 messages were observed around West Sumatra during the course of this study touching on a number of different themes. Some examples of these are given below:

1. *Budayakan K3 di Padang Kota Tercinta*  
Make K3 part of the culture in Padang, Our Beloved City
2. *Kota bersih, Anda sehat*  
If the city is clean, you'll be healthy
3. *K3 merupakan pencerminan disiplin and keimanan warga kota Bukittinggi*  
K3 is a reflection of the discipline and religious faith<sup>1</sup> of the residents of Bukittinggi
4. *Warga kota yang baik adalah mereka yang mencintai kebersihan*  
Good citizens are those who love cleanliness
5. *Memelihara K3 Kota Budaya berarti Anda ikut mempertahankan piala Adipura*  
By maintaining K3 in the City of Culture [ie Batusangkar], you help keep our *Adipura* title

K3 is often tied in with the carrying out of civic duties and with responsible membership in groups or organisations. For example:

6. *Fasilitas kota yang Anda nikmati dibiayai dari PBB yang Anda bayar -- kota tertib, bersih, dan indah idaman kita bersama*

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<sup>1</sup>Throughout this study, the word *iman* is translated as "faith", following the example of Hastings (1971: 437) and Gibb and Kramer (1974: 167). It should be noted, however, that, in Islam, *iman* carries a very broad meaning covering everything one does to show devotion to God. Specifically, there are six precepts of *iman* that must be accepted by Muslims. They are: Belief in God; belief in His prophets; belief in His holy books; belief in His angels; belief in the hereafter; and belief that man's fate is predetermined. *Iman* also encompasses a number of beliefs that are forbidden (such as the belief that there is another being as powerful as God). Equating principles of health and health promotion with this most basic facet of Islam represents a very strong measure to insure their acceptance.

The facilities of this city that you enjoy are funded from the Land and Property Tax you pay -- an orderly, clean, and beautiful city is our collective ideal

*7. Kepedulian terhadap lingkungan hidup merupakan tekad pada setiap anggota Korpri*

Concern for the living environment is a commitment of every member of the Civil Service Corps

The National Discipline Campaign frequently appears in messages about K3 which has been promoted as being a manifestation of personal and community discipline.

*8. Pengembangan budaya tertib, bersih dan kerja keras adalah wujud pengamalan disiplin nasional*

The development of a culture of orderliness, cleanliness, and hard work is the realisation of national discipline

*9. Sukseskan Gerakan Disiplin Nasional -- hidup bersih mencerminkan disiplin nasional*

Make the National Discipline Campaign a success -- cleanliness is a reflection of national discipline

*10. Mari kita sambut disiplin nasional dengan meningkatkan budaya ketertiban, budaya kebersihan, dan budaya kerja keras*  
Let's accept national discipline by increasing orderliness, cleanliness and productivity

### 5.2.2 Environmental Health

While environmental cleanliness receives a great deal of attention in the form of K3 campaigns, environmental health campaigns, such as those concerning vector-borne disease or water quality, are less prominent. The two main avenues for dissemination of information linking environmental conditions with disease are school texts and roadside signs.

In school materials, environmental health information is usually presented along with K3 promotion in the form of reading and writing

exercises mainly at the elementary level. The specific area of concern is usually the need to eliminate standing water and clean up trash where mosquitoes can breed in an effort to control vector-borne disease, most importantly dengue fever.

Roadside environmental health promotion messages deal with this subject as well. There are also signs that refer to waste water disposal. In total, however, only four specific environmental health messages were observed during the period of this study compared to 56 for environmental hygiene in the form of K3. These environmental health messages were:

11. *Air limbah/air kotor sumber bencana bagi warga kota*  
Waste water/dirty water is a source of catastrophe for the residents of this city

12. *Di mana air tergenang, di situ nyamuk bersarang, di sanalah penyakit datang*  
Where water is standing, mosquitoes will breed, and that's where disease will appear

13. *Jangan tunggu sampai bencana datang -- cegahlah dengan kebersihan*  
Don't wait for disaster -- prevent it with cleanliness

14. *Waspadalah, demam berdarah dapat dicegah dengan memberantas jentik-jentik/nyamuknya*  
Be aware, dengue fever can be prevented by eradicating larvae and mosquitoes

One reason for the comparative dearth of health promotion relating to environmental health is that environmental health issues can also be addressed through engineering measures that do not rely on the actions of the public. In West Sumatra, this approach is being taken to combat environment related disease through the construction of drainage systems and flood control canals and the extension of reticulated water systems.

### 5.2.3 Family Planning

Another topic of intensive health promotion activity is family planning which is viewed by the Indonesian government as an issue of the greatest importance. Campaigns encouraging the use of family planning services appear in the press, in school materials, and as a series of roadside signs and symbols.

Both advertisements for family planning programs and articles about family planning services appear in the newspapers of West Sumatra. The ads are usually run in conjunction with particular occasions like Mother's Day or National Family Day. Articles about family planning often discuss the "Prosperous Family" [*Keluarga Sejahtera*], which is the catch-all term used by BKKBN to signify a family composed of two parents and two children. The euphemism "Pre-Prosperous Family" [*Keluarga Prasejahtera*] is often used to refer to families that are typically low-income and are not yet participating in family planning programs.

School materials promoting use of family planning services are first used at the upper elementary level and continue to appear in Indonesian language textbooks in the higher grades. From the start, students are introduced to the terminology commonly used in Indonesian in relation to family planning and also to the symbols of BKKBN. These symbols appear on signs, buildings, and walls in towns and villages and indicate the availability of contraceptive supplies and information at that location.

Interestingly, the topics of family planning and contraception, which are often considered sensitive even in western schools, are presented openly in school materials beginning in the fourth or fifth grade. It should be

noted, however, that these school materials do not include specific or technical information, such as might be covered in sex education classes (which do not exist in West Sumatran schools). Nonetheless, the aim of these lessons is to make family planning an accepted subject for discussion and to encourage participation in available programs. By desensitising the subject, these campaigns are intended to engender an attitude of openness towards family planning services which encourage higher levels of participation.

School texts on family planning matters usually compare the advantages of having fewer children with the disadvantages of having many. For example, readings may concern a child from a small, "prosperous" family and tell about the time and money his parents have to spend on him as compared to the situation of a classmate who comes from a large family. Materials for older students often focus on the more serious aspects of overpopulation and the practical need to curb population growth through family planning in Indonesia. The role, functions, and history of BKKBN are frequently covered as well.

Roadside family planning messages use a number of different messages and symbols. They frequently refer to the "Prosperous Family" and also incorporate religious themes or those that relate to *adat* (traditional law and customs). Family planning participation has also been associated with the National Discipline Campaign and signs may feature messages from President Soeharto. Fifteen roadside messages were in use during the period of this study. Examples include:

15. *Suskeskan program keluarga berencana*  
Make family planning programs a success

16. *Pesan Kemandirian dari Presiden RI -- membudayakan keluarga kecil dengan penuh kesadaran dan kemampuan sendiri adalah landasan kokoh dalam membangun nusa dan bangsa*

Call for Self-Sufficiency from the President of the Republic of Indonesia -- making the small family, which is aware and fully self-sufficient, part of our culture is a strong basis for the development of our nation and people

17. *Keluarga berencana adalah pilar utama dan mewujudkan keluarga sejahtera*

Family planning is the main pillar and the realisation of the prosperous family

In addition to specific messages about family planning, symbols are often used as a shorthand reminder of promotional campaigns. For example, the blue BKKBN symbol is seen stencilled on building and walls in most villages. Almost all towns and villages have a small, gold-painted motor vehicle tyre mounted by the roadside at their boundaries. This is the "Gold Ring" [*Lingkaran Emas*] symbol used by BKKBN to denote the range of services it provides. The Gold Ring is often accompanied by the words *alat KB lengkap*, meaning complete contraceptive supplies.

#### 5.2.4 Occupational Safety and Health

Occupational safety and health promotion has taken on greater importance in West Sumatra in recent years. Information on the topic appears in Indonesian language texts for use at the high school level, perhaps due to the more technical nature of the information being presented and the increasing relevance of the knowledge about the working environment to students of this age. These campaigns use mostly roadside signs, however, and are often linked with the National Discipline Campaign, which involves workplace productivity, or to themes of national development. Many are sponsored by large companies or by the Department of Labour (Depnaker). At the time of this study, five



occupational safety and health messages were observed. They include:

18. *Dengan budaya keselamatan dan kesehatan kerja kita sukseskan pembangunan lima tahun keenam 12 Januari 1970-12 Januari 1996*

With a culture of occupational safety and health, we make successful the sixth five-year development period, 12 January 1970-12 January 1996

19. *Lingkungan kerja terjaga, kesehatan kita terpelihara -- disiplin milik kita bersama, tegakkan, amalkan*

If the work environment is cared for, our health will be, too -- discipline is for all of us, uphold it, exercise it

20. *Peningkatan pencapaian kecelakaan nihil menuju peningkatan suksesnya PJP II -- Bulan K3 1995*

Improvement in achieving zero accidents is a move toward the success of Long-Term Development Plan II -- K3 Month, 1995

#### 5.2.5 Drug Abuse

Abuse of drugs, whether legal or illegal, is not perceived by authorities in West Sumatra as a major problem. Nonetheless, this is a health issue that is seen as having the potential to worsen, particularly as exposure to western cultures increase through a variety of avenues.

At the time of this study, there was only one anti-drug message observed in the form of a billboard located near the centre of the larger towns throughout the province. Drug abuse is not currently covered in school health promotion materials.

Unlike most of the health promotion campaigns in West Sumatra, which tend to emphasise the advantages and benefits of the health behaviours being encouraged, the drug abuse campaign uses a "Grim Reaper" approach showing a figure intended to be death looming over a drug addict surrounded by pills, capsules, syringes, and an empty liquor bottle,

and the message:

21. *Hindarilah diri dari bahaya narkoba*  
Keep away from the danger of drugs

### 5.2.6 Use of Health Services

Campaigns to encourage the use of public health services are seen as very important in West Sumatra. For this reason, these campaigns are prominent in newspapers, school materials, and roadside messages.

The provincial newspapers run articles in most of their issues about the provision of public health services around the province. These may include reports on new personnel at specific *Puskesmas* and the facilities available there, the results of competitions between *Puskesmas* or *Posyandu*, or the benefits to mothers and children from using these services.

Similarly, school materials from the earliest level contain stories about *Puskesmas* and *Posyandu* and the services available there. Activities may include assignments to interview *Puskesmas* personnel or to find out how many *Posyandu* are running in a particular area. As is the case with family planning, these campaigns are aimed at making students familiar with and accepting of public health facilities such that they will think of them first when healthcare is needed. A spillover effect to the larger community is, of course, hoped for.

Despite the importance of campaigns encouraging use of public health facilities in West Sumatra, there are fewer roadside messages in use for this than there are for other campaigns such as K3 or family planning.

Eight messages of this type were observed during the course of this study.

Examples of these include:

22. *Ayo ke Posyandu -- menjaga anak sehat tetap sehat*  
Let's go to the *Posyandu* -- keeping healthy children healthy

23. *Periksakanlah kehamilan Anda secara rutin ke unit pelayanan kesehatan*  
Have your pregnancy checked regularly at a health services unit

24. *Posyandu milik masyarakat -- diselenggarakan masyarakat dibantu petugas*  
*Posyandu* belong to the community -- run by the community with the assistance of healthcare personnel

### 5.2.7 Maternal and Child Health

West Sumatran health promotion campaigns in the area of maternal and child health make use of school materials, newspaper items, and roadside signs. Generally, the maternal and child health services available at *Puskesmas* and *Posyandu* are mentioned in school texts and newspaper articles on use of public health services. In other words, health promotion on these topics is often combined with promotion for the facilities that provide the services.

Two related areas within the field of maternal and child health are nutrition and immunisation. These are mostly promoted through roadside sign campaigns, although mention of them is frequently included in school materials and newspaper articles.

The campaign on child nutrition has centred mostly on the importance of breastfeeding in a child's overall development and has been set up as a result of WHO emphasis on this issue. At the present time, though,

bottlefeeding does not appear to have reached significant proportions in the province, with only 1.3% of all babies never having been breastfed at all in 1993 (Kantor Statistik, 1994).

Immunisation campaigns, which have been very important in the effort to achieve high rates of immunity in Indonesia, continue to receive attention in West Sumatra. Although immunisation rates stood at 84% in urban areas of the province and 66.3% in rural ones in 1993, the need to maintain these levels is clear (Kantor Statistik, 1994). For much of the public, immunisation has come to be taken as a matter of course such that health promotion in this area is intended to maintain this perception and increase participation to still higher levels.

Examples of health promotion messages related to maternal and child health include:

25. *Padang kota sayang bayi*

Padang is a city that loves babies

26. *ASI membuat anak sehat dan cerdas*

Breastmilk makes children healthy and intelligent

27. *Jangan tipu bayi Anda dengan dot atau kempeng*

Don't fool your baby with a bottle or pacifier

28. *Bawalah Balita Anda ke pos PIN untuk imunisasi polio*

Take your child to a National Immunisation Week post for a polio vaccination

29. *Lindungi bayi Anda dari ancaman penyakit dengan imunisasi*

Protect your baby from the threat of disease with immunisation

30. *Bebaskan dunia dari polio tahun 2000 dengan vaksin polio*

Rid the world of polio by the year 2000 through vaccination

A number of immunisation messages are associated with National Immunisation Week [*Pekan Imunisasi Nasional*] and also with the Indonesian government's commitment to contribute to efforts to eradicate polio by the year 2000.

#### **5.2.8 Road Safety**

Road safety is an issue of considerable importance in West Sumatra due to the high levels of morbidity and mortality from accidents as well as the considerable property and financial losses (Bappeda and Kantor Statistik, 1993).

Promotion of road safety figures prominently in school texts and generally centres on the importance of obeying traffic rules, not speeding, and taking responsibility as a driver or pedestrian. Materials focusing on these topics appear in Indonesian language texts from the first grade onwards and are of particular importance in West Sumatra where a large number of children travel unaccompanied to and from school on various types of public transportation or on foot.

Nine road safety messages were observed on roadside signs and banners. This topic has received new emphasis in West Sumatra as part of the National Discipline Campaign as safe driving has been promoted as being a manifestation of discipline and good public conduct. A number of health promotion messages are directed specifically at motorcycle riders because these vehicles are very common in the province, and riders may be more seriously injured in the event of an accident.

Examples of road safety messages include:

31. *Antri di jalan wujud budaya tertib di masyarakat*  
Staying in your own lane is the realisation of orderliness in the community

32. *Hormatilah pejalan kaki*  
Respect pedestrians

33. *Dengan tertib berlalu lintas kita wujudkan disiplin nasional*  
With safe driving, we make national discipline a reality

### 5.2.9 AIDS Prevention

AIDS prevention has not yet become a topic of intensive health promotion in West Sumatra. It is not covered in school materials and is very rarely the subject of newspaper advertisements or articles at the provincial level. When items on AIDS do appear in the newspapers of West Sumatra, they tend to be actual news reports, rather than health promotion materials, and usually relate to the national or international situation. The healthcare system within the province has not yet had to treat AIDS patients although three prospective blood donors have tested positive for HIV (Syafuddin, 1996). Nonetheless, there is some concern that AIDS could become a problem of some magnitude in the future, as attested to by editorials and commentary in the regional newspapers.

One billboard message about AIDS prevention was observed in West Sumatra during the course of this study. Interestingly, this billboard was located in the marketplace of the town of Maninjau, which is becoming a popular tourist destination due to its cooler climate and proximity to the town of Bukittinggi. Another was observed near Lake Singkarak, another location frequented by tourists and the site of several resorts. While the billboard is, of course, intended for local residents, its position in a tourist area may serve to strengthen local perception of AIDS as a disease associated with interaction with foreigners. Its message is as follows:

34. *AIDS -- iman dan takwa membentengi diri dari AIDS yang mematikan*

AIDS -- religious faith and devotion provide protection from AIDS which is fatal

### 5.3 Summary

This chapter described the nature of health promotion campaigns in West Sumatra, Indonesia, in terms of their media of dissemination and the topics promoted. Health promotion messages are disseminated through roadside signs, banners and billboards; school texts used in Indonesian language classes; and in the form of newspaper articles and advertisements. The topics of health promotion campaigns observed during the course of this study include: K3, environmental health, family planning, occupational safety and health, drug abuse, maternal and child health, child nutrition, immunisation, road safety and AIDS prevention. Examples of messages used in roadside sign campaigns were provided in this chapter. Selected photographs of roadside signs are presented in Appendix 1. Examples of newspaper advertisements and school materials may be found in Appendices 2, 3 and 4.

## CHAPTER VI

### CULTURAL THEMES AND LINGUISTIC CHARACTERISTICS IN HEALTH PROMOTION IN WEST SUMATRA

Health promotion campaigns in West Sumatra, particularly those conducted through roadside messages on signs, billboards and banners, draw on a number of themes derived from the dominant culture of the province, that of the Minangkabau people. Among these themes are religion, traditional values and *adat*. The language used in these campaigns is also worthy of consideration as linguistic and sociolinguistic characteristics are inseparable from the culture in which they occur and tend to influence the perceptions of individuals within that society.

One aspect of the culture of West Sumatra, and of Indonesia in general, that must be discussed here for its bearing on this study is the importance of signs. As described in Chapter V of this study, a majority of health promotion messages in West Sumatra are conveyed to the public in the form of some sort of sign displayed publicly on streets or buildings. The reason for this is that signs, in themselves, are symbols of legitimacy, outside of whatever content they may hold. They give a specific identity to the institution, particularly public ones, and it is this concept of identity that seems to be important. For this reason, public buildings in West Sumatra are normally fronted by a whole array of signs; there might be one that proclaims the name of the office or company, another that announces a cooperative or other organisation for its employees. Government offices almost always have additional signs stating their



*Korpri*, Civil Service Corps, unit and still another for their *Dharma Wanita*, women's organisation, unit. Even cities, towns and villages have elaborate gates on the highway identifying the location and carrying the symbol of the administrative region.

Because signs are so important in West Sumatra, it seems natural that they be heavily used for the purpose of health promotion. Many health promotion signs and banners are located outside public buildings alongside whatever other signs might be there. In this way, health promotion messages of this type may benefit from the legitimacy the sign culture bestows and, possibly, are viewed as important by the people who see them.

In considering the messages that appear on these signs, banners and billboards, the framework developed by Saussure (1916) and applied to the study of culture by Thwaites et al. (1994) provides a useful method for assessing the likely impact of these health promotion messages and the visual images that accompany some of them. Using this technique, it is possible to consider specific terms or images in light of what they might signify to a viewer from the Minangkabau culture. This method is used in this study to assess the impact of various health promotion messages in relation to the themes of religion, traditional values and *adat*.

Similarly, the language of health promotion messages will contribute to the overall perception that might be formed by those who are exposed to

them. For this reason, this study considers several aspects of language use within the field of health promotion in light of sociolinguistic principles relating to language choice, domain and style.

It should be noted, however, that many health promotion campaigns in West Sumatra have both cultural and linguistic elements worthy of individual consideration. For the purpose of better clarity, these elements are discussed separately below. For example, in campaigns taking on a religious theme and making use of Indonesian and Arabic, language use is discussed under Language below while cultural signifiers are considered under Religion.

## 6.1 Religion

A number of health promotion campaigns make reference to the principles of Islam, the religion of the vast majority of the province's population. Many of the messages with this theme promote K3.

35. *Kebersihan adalah benteng iman*  
Cleanliness is the fortress of faith

36. *Sesungguhnya kebersihan itu sebagian dari iman*  
In truth, cleanliness is a part of faith

37. *Sesungguhnya Allah itu maha suci mencintai akan kesucian -- tegurlah setiap orang yang membuang sampah di sembarang tempat*  
In truth, Allah, who is the cleanest of all, loves cleanliness -- say something to anyone throwing garbage away indiscriminately

This last example is prefaced by the comparable statement in Arabic taken from the *Hadith*, the collected sayings of the Prophet Mohammad.

Religion is also used as a theme in family planning, as in:

38. *Tanamkan fungsi agama dalam keluarga sejak dini*  
Implant religion in the family from the start

This message is accompanied by the BKKBN logo and is intended to associate religious observance with family prosperity in the context of national family planning efforts.

Perhaps not surprisingly, example 34 above, holding that faith and religious devotion provide protection from AIDS, the one message concerning this disease, uses a religious theme as has often been used elsewhere as a means of deterring behaviours known to be associated with the transmission of AIDS. The message is a strong one in its reminder of the protection offered by the maintenance of religious values.

Even road safety campaigns may take on a tone of religious morality with:

39. *Memakai helm dengan baik menghindari malapetaka di jalan raya dan merupakan ibadah bagi yang melaksanakannya*  
Wearing a helmet in the proper way prevents disaster on the roads and is a religious observance for those who do so

In this message, the use of the word *ibadah* is significant. This term is normally used to refer strictly to actual religious observances prescribed by Islam, such as praying five times daily or fasting during the month of Ramadan. Its use here stresses to those who see it the importance and seriousness of the behaviour being promoted.

Religion also figures in other types of health promotion activities. On

Fridays, Muslims pray communally in mosques at midday. "Clean Fridays" [*Jumat Bersih*] are designated Fridays when youth groups, such as boy scouts (called *Pramuka* in Indonesia) or student groups, work together to clean up mosques and prayer houses. This cooperative effort includes cleaning of the building, tidying the yard, and weeding and unblocking drainage ditches. "Clean Fridays" often take place during the fasting month when many activities of a religious nature go on.

The use of religious themes in health promotion in West Sumatra is significant as 98% of the population consider themselves Muslims (Bappeda and Kantor Statistik, 1993), and being Muslim is virtually synonymous with being Minangkabau (Junus, 1971). For this reason, religious observance is seen by many as a vital part of responsible membership in the community and as being required for acceptance in the group. Not surprisingly, many people are anxious to be perceived as properly religious and may be more willing to change their behaviour if they are persuaded such a change is supported or required by religion.

Islam, as a religion, supports scrupulous personal hygiene. Ritual ablutions are made before each of the five daily prayers, and West Sumatrans normally bathe twice a day in addition regardless of their situation. This concern with personal hygiene is perceived to be contained in the *Hadith*, some of which have been extended to encompass environmental hygiene and are used in health promotion campaigns for this purpose. The goal of these campaigns is to make the public as concerned about environmental cleanliness as they are about personal cleanliness.

Of the over 100 health promotion messages visible at the time of this

study, informal survey suggests example 36 above, "cleanliness is a part of faith", may be most widely recalled by members of the community. This may indicate that this simple religious theme is more meaningful to some people in West Sumatra as it is perhaps closer to the heart than messages of a secular nature.

If these messages using religion as a theme are considered to be signs in the Saussurian sense, their deep cultural significance is more readily understood. In example 35, for instance, the key words *benteng iman*, fortress of faith, can be viewed as important signifiers. *Benteng*, fortress, signifies strength, durability and protection from outside forces. The term is used in a number of Minang proverbial sayings, one of which was noted on page 92 above of this study.

*Kompani babanteang basi, Minangkabau  
babanteang adaik.*  
The Dutch<sup>1</sup> surround themselves with steel, the  
Minang surround themselves with *adat*.

In this proverb the term (appearing in a cognate form as *banteang* in Minang) is used in a similar way in association with *adat*, which metaphorically protects the Minangkabau as steel protected the Dutch. *Iman*, faith, is also a term rich in meaning. It signifies the whole range of behaviours and thought that demonstrate a Muslim's devotion to God. As such, *iman* lies at the very heart of the Minangkabau view of their own identity, which is tied to their profession of the Islamic faith. The referent of the term *iman* is all the activities the Minangkabau participate in as an expression of faith, such as believing in God, praying five times daily, and

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<sup>1</sup>*Kompani* refers to the Dutch-East Indies Company (Vereenigde Oostindische Compagnie), the trading arm of the Dutch government that held a monopoly on Indonesian products, particularly spices, during the colonial period. The VOC, as it is often abbreviated, was founded in 1602.

fasting during the month of Ramadan. By use of the phrase *benteng iman*, then, this message links *kebersihan*, cleanliness, (which is generally used in the normal sense in Indonesian, rather than in connection with religion) to the extremely important concept signified by *benteng iman*, perhaps imparting to it the same level of significance.

The significance of individual terms used in health promotion messages can be enhanced by the use of accompanying visual images. These can be understood in terms of their signified concepts as well. In example 34 concerning AIDS, for instance, a message with a religious theme, again making use of the term *benteng* (in the form of an active verb *membentengi*), *iman*, and *takwa* (religious devotion), is accompanied by an illustration of a family approaching a mosque (see photograph in Appendix 1). The family is dressed traditionally and appropriately for attendance at the mosque. The mother and daughter are wearing *mukena* (head scarves), and the mother's clothing is identifiable as a *baju kurung* (traditional overblouse) and *kain panjang* (length of fabric wrapped around the waist as a skirt). Similarly, the father and son have the black, velvet *kopiah* hats Minangkabau men often wear to the mosque. The father is also wearing a plaid *sarung* (length of cloth sewn to form a tube which is folded around the waist and rolled down to form a waistband) as is normally worn for prayer.

To Minangkabau who view it, this illustration signifies social respectability and appropriateness as it applies to the family. They are on their way to the mosque, an activity which is viewed as unequivocally

desirable and praiseworthy within the community. These are extremely important concepts within the Minangkabau value system which emphasises participation in community life and concern for family reputation. More importantly, this image signifies these concepts in a religious setting adding to their value, not just within the community, but within religion as well.

This dual impact is strengthened by the image of the mosque, itself, which appears in the foreground of the sign, and the traditional house in the background. While the mosque clearly signifies religion and has as its referent any of the numerous mosques located in virtually every village throughout the region, the traditional house signifies *adat* and membership in Minangkabau society. In this way, this sign may convey a very clear message, beyond the content of the health promotion statement, that socially acceptable membership in the community and in Minangkabau society involves participation in religious activities, which in turn support the message about AIDS that is carried on this sign. In other words, the images that accompany this health promotion message about AIDS function to point out the tie between Minangkabau culture and religion and to bring both to bear on the warning about AIDS. The significance of the message itself is emphasised by the visual image which, in itself, is a very clear metaphor likely to be immediately recognisable to its target viewers.

## 6.2 Values and Adat

Traditional values and customs and precepts from *adat* also figure as a theme of health promotion in West Sumatra. They are implicit in a variety of health promotion messages and are stated plainly in others.

Behaviour that is advantageous to the community and loyalty to the group are highly valued in Minangkabau society (Navis, 1984). These concepts appear frequently in health promotion messages that make references to "all of us", "our city", and to membership in a group.

44. *Lingkungan bersih terjaga, kesehatan kita terpelihara -- disiplin milik kita bersama, tegakkan, amalkan*

If the environment is clean and cared for, our health will be taken care of -- discipline is for all of us, uphold it, exercise it

45. *Membangun keluarga sejahtera adalah tanggung jawab kita bersama*

Making prosperous families is the responsibility of all of us

46. *Biasakan budaya antri dan membuang sampah pada tempatnya menjamin kebersihan, keindahan dan kesehatan kita semua*

Making a habit of waiting on line and putting garbage in its proper place will guarantee cleanliness, beauty, and health for all of us

In Indonesian, the effect of these messages is stronger than the English translation can convey due to the nature of the language. Indonesian has two pronouns translated as "we" or "us" in English. *Kita* means "we, us", including the listener, while *kami* means "we, us", not including the listener. This is a distinction Indonesian speakers are very sensitive to as it is central to the perception of society supported by their language. Because these health promotion messages all use *kita* for "we" or "us", those who see them cannot overlook the fact that they are included in the group to which the message is addressed. This serves to reinforce a feeling of



belonging in the community and a sense of responsibility in the issue in question.

The importance of being accepted as a member of the group is often reinforced by the visual images that accompany some health promotion messages. Uniformed school children or adults dressed in generic civil service uniforms are frequently shown engaging in the desired behaviour, such as throwing garbage away in a trash can or making use of various public health services. Because the clothing of these characters signifies the group they belong to, they convey to those who view them that the message of the sign applies to members of that group. It must be recalled that, as the Minangkabau place a high value on education (Navis, 1984), most people believe that it is important for children to attend school. Similarly, the Minangkabau (as well as other Indonesians) generally feel that a government job is very desirable because of the security and benefits it offers. It is for this reason that the portrayal of school children and civil servants may have the desired effect of linking the behaviour being promoted with responsible membership in these groups. In other words, because of their importance in society, it may be the case that behaviour associated with school attendance and civil service membership is accorded a significant degree of respect that, in turn, may also be accorded to the message in question.

Minangkabau culture values certain personal attributes and behaviours that are viewed as being beneficial to the individual as well as to the community as a whole (Navis, 1984). Some health promotion messages incorporate reference to these desirable characteristics and associate them with the health behaviour being promoted. Messages of this type include examples 3 and 8 above and also the following:

47. *Mari kita budayakan perilaku hidup tertib, bersih dan indah (K3) lahir dan bathin di kotamadya Bukittinggi*  
Let's behave in accordance with K3, body and mind, and make it part of the culture in the city of Bukittinggi

48. *Dalam pencaanagan disiplin nasional mari kita tegakkan disiplin diri dan disiplin berlalu lintas sehingga tercermin jati diri pribadi dalam menciptakan rasa aman dan tertib berlalu lintas*

In proclaiming national discipline, let's maintain personal discipline and discipline while driving so that our character is reflected in creating an atmosphere of safe and careful driving

49. *Pengemudi yang sabar dan sopan adalah cermin pribadi yang simpatik*

Patient and courteous driving is a reflection of good character

Again, these messages make reference to socially acceptable behaviour that is advantageous to all and would likely reflect well on individuals and their family. Concern about acting in a socially acceptable way is observably prominent in the thinking of many Minangkabau and may be striking in its intensity. For this reason, health promotion messages of this type may appeal to a closely held societal value with the result that they may be effective in their aim of changing the behaviour of their target population.

Conversely, Minang culture holds that the negative actions of individuals reflect on their family and also on the larger community of which they are members (Navis, 1984). Some health promotion messages make reference to this by suggesting that unpleasant consequences might result for the whole community as a result of improper actions of individuals. Messages of this type include examples 11, 13, and 41 above as well as the following:

50. *Jangan kalah bau parfum Anda dengan bau sampah di sekitar Anda*

Don't let the fragrance of your perfume be overwhelmed by the smell of garbage around you

51. *Lingkungan yang tertib, bersih dan indah menjauhkan*

*kita dari stres*

An orderly, clean and beautiful environment keeps stress away from us

These last two examples might appear rather harsh to those who see them. Both appear on banners bearing the symbol of the National Discipline Campaign and imply very clearly that improper or anti-social behaviour not in accordance with the requirements of K3 will have unpleasant consequences for everyone in the community.

Perhaps the most striking health promotion message, and one with an *adat* theme, is one of series of signs used by BKKBN. Its message is as follows:

52. *Keluarga sejahtera adalah idaman para Bundo Kanduang di Minangkabau*

The prosperous family is the ideal of every *Bundo Kanduang* in Minangkabau

As discussed in Chapter IV, the Minangkabau people are very proud of their traditions and customs as well as their ancient matrilineal society. An extremely important figure in Minang tradition is that of *Bundo Kanduang*, the true mother. The attributes of *Bundo Kanduang* are reflected in traditional literature, *adat*, and the community's perception of itself. The concept of *Bundo Kanduang* signifies more than a woman's role within her own family. It also includes her function and very high status as a decision-maker in the community and as someone able to influence the views and actions of others (Hakimy, 1994)<sup>2</sup>. But, because *Bundo Kanduang* is a status any woman can aspire to, the referent for this

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<sup>2</sup> The continuing significance of the leadership role of *Bundo Kanduang* is apparent in Minangkabau society today. In a recent conversation the researcher had with a number of minangkabau studying at University of Tasmania (4 July 1997), one of the participants, upon learning that there is a female candidate for governor of West Sumatra, remarked that, "We'll have a real *Bundo Kanduang* then."

term is every Minangkabau woman wherever she might be. This family planning message, then, is a very strong statement bringing to bear all the authority and standing of *Bundo Kanduang* in the community on the desirability of the ideal of the "Prosperous Family". In fact, if such a view were to be generally accepted, it might go a very long way toward insuring the success of family planning programs in West Sumatra.

Unfortunately, it is difficult to judge to what extent such modern additions to *adat* and tradition are accepted in the community, especially as comparatively little has been written by Minangkabau scholars on the role of *adat* in modern life. One author, in a work on the traditional roles of various community figures in Minangkabau culture, touched on this subject however. Hakimy (1984), as part of an explanation of the role of *Bundo Kanduang* suggested that *Bundo Kanduang* is to "make sure that government programs relating to a happy household run as they are supposed to by participating in family planning that is 'possible and appropriate and in accordance with custom and does not violate the traditions of the community'"<sup>3</sup> (1984: 98). To this extent, at least, *adat* has begun to change to accommodate the realities of life in modern Indonesia.

The *Bundo Kanduang* message is accompanied by a picture of two women in the traditional red headdress worn for special occasions. Like the term *Bundo Kanduang*, this image refers to actual women in society in their

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<sup>3</sup>The original of this quote, "*Mengatur terlaksananya program pemerintah rumah tangga bahagia dengan pelaksanaan keluarga berencana (KB) yang disesuaikan dengan mungkin p patuik, manuruik alua nan luruih dan manampua jalan nan pasa,*" actually uses both Indonesian and Minang. The first part of this sentence is in Indonesian (italics), while the second part is in Minang (italics and boldface). While the book it is taken from is in Indonesian, the author apparently felt that language was inaccurate or unable to express concepts related to *adat* and reverted to Minang. This is another example of the domains of Indonesian and Minang in West Sumatra. It is also interesting to note that the Minang portion of this passage is actually a proverb, likely to be known to a majority of readers and

traditional roles as community and family leaders as symbolised by their traditional costume. This image then indicates to its target viewers, first, that it is aimed at women as leaders within the community, and second, that as leaders, women need to be concerned about the message's content and perhaps take it to heart.

This message presents an interesting contrast with the use of the term *keluarga sejahtera*, prosperous family, in the same message. Like *Bundo Kanduang*, this phrase has very specific cultural significance and referents. Unlike *Bundo Kanduang*, however, the term *keluarga sejahtera* does not come from the traditions of the region, but rather was coined by BKKBN, the national family planning agency. *Keluarga sejahtera* has come to mean a family that participates in the government sponsored family planning programs run by BKKBN and that embodies the desirable characteristics these programs promote. In this sense, it is a catch phrase that provides a shorthand means for signifying to the aims of family planning in Indonesia and the social desirability of participating, and as is the case with *Bundo Kanduang*, it is likely that target viewers would immediately understand the significance and referents of *keluarga sejahtera* in this message.

Other images of people in traditional dress or in traditional settings appear on some health promotion signs. As traditional costume in Indonesia varies considerably between ethnic groups and is immediately

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expressing a long-standing, culturally valid sentiment.

recognisable to people in a given area, this type of image further ties the message it accompanies to the culture of the Minangkabau people. Example 22, encouraging the public to participate in *Posyandu*, for example, shows a woman, in a modern dress and traditional headscarf carrying an umbrella against the sun. Beside her are two neatly dressed children. Opposite them are three men, each in a different style of traditional dress, signifying the traditional leaders, religious leaders, and intellectuals, whose combined presence is viewed as necessary for the proper functioning of the community. In the background is a large, Minangkabau traditional house with its distinctive, curved roof shaped like the horns of a water buffalo. The signified and referent concepts of the traditional house have been discussed above. Here, in combination with the image of representatives of the three traditional societal groups, it is part of a powerful metaphor suggesting that these traditional institutions in the community approve of the campaign in question and which would likely be viewed by members of the target population as a strong point in the campaign's favour.

Example 24, also encouraging participation in *Posyandu*, depicts a number of women in traditional dress. One is weighing a baby; another is holding a baby on her lap while speaking with a uniformed woman, clearly intended to be a *Puskesmas* staff member; and several others are listening to a woman in modern dress explaining something at a whiteboard. Again, the figures and their clothing is significant. While the women dressed traditionally signify ordinary community members and refer to

women such as those who will see the sign, the uniformed staff members signify educated personnel who are presumably knowledgeable and trustworthy as a result of their experience and training. In this way, the image that accompanies this health promotion message may serve to instil confidence in the personnel of the *Puskesmas* that they presumably deserve by virtue of their training which sets them apart from the ordinary community member.

The use of western and traditionally dressed figures together is an interesting device. To the Minangkabau who see such illustrations, this conveys a sense of security and ease with things from outside the boundaries of their culture. The aims of health promotion, as well as the concept itself, are of course not part of the original Minangkabau world. By using a juxtaposition of images representing both the new and the traditional, viewers are reassured that the two can coexist. It should be noted that the concept of traditional ways adapting and embracing elements from the outside is one that most Minangkabau would likely accept due to the region's long experience with *merantau* and exposure to things outside the culture through those Minangkabau who went to live elsewhere.

It is also interesting to note that it is not only in health promotion where the combination of traditional and outside elements has been taken advantage of for its psychological value. Many banks and office buildings in West Sumatra are designed in a way that combines certain features of

traditional architecture with modern elements common to office buildings in other places. For example, many of the bank headquarters in Padang have the traditional buffalo horn roofs despite being modern glass and steel construction below. Some of these buildings also feature carved panels like those that form the walls of traditional houses and some even suggest the stilts of these traditional houses on their lower floors. The aim of this kind of architectural style is similar to that of the health promotion messages described above. It is a means of showing the harmonious coexistence of traditional culture and innovations of various kinds that originate elsewhere.

### **6.3 Language**

Three languages appear in health promotion messages in West Sumatra. The most common of these is Indonesian. In fact, most health promotion campaigns use only Indonesian, regardless of the medium of transmission. The second most common language of health promotion is Arabic which appears in some roadside campaigns for K3. Its use is by no means predominant, however, appearing in only six of 56 messages on this topic. The third language used in health promotion is Minangkabau, which, despite being the first language of most Minang and virtually everyone in West Sumatra, was observed only infrequently in health promotion.

The use of these languages merits further discussion. The wide use of Indonesian is to be expected and is easiest to explain. As Indonesian is the language of all official communication, education, the media, and formal discourse of all types (Badudu, 1988), its use in health promotion is



warranted as these messages are part of government efforts, are official in this sense, and, for this reason, are expected by the public to be in Indonesian. While Indonesian is a second language for most West Sumatrans (Anwar, 1990), the level of Indonesian language ability within the province is high. In 1992, 88.65% of all residents over the age of five were able to speak Indonesian. In the same year, 85.28% could read Indonesian written in the Roman alphabet (Kantor Statistik, 1994a).<sup>4</sup> As these figures indicate, the use of Indonesian in health promotion would be comprehensible to a majority of the population.

It is important to note, however, that it is very unlikely that those individuals who cannot read Indonesian would be isolated from others who can. It is almost certain that they would have family members who speak and read Indonesian or at the very least neighbours and friends. For this reason, it is likely that even those people who cannot read Indonesian would be affected in some way by written health promotion messages in the language, if only by word of mouth or because the content is discussed in the community.

The use of Arabic in health promotion campaigns is distinctive in that an Arabic language message, written in Arabic script, is presented along with the Indonesian language version of the same message, followed in some cases by another message in Indonesian that is unrelated to the Arabic.

Examples of these messages incorporating an Arabic message include:

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<sup>4</sup>An additional 1.59% could only read Indonesian written in another alphabet. This corresponds to that portion of the population, probably quite elderly, who are literate only in Jawi, the adapted Arabic script once used to write Indonesian and Malay. Jawi was finally supplanted by the Roman alphabet early this century.

40. النَّظَافَةُ مِنَ الْإِيمَانِ

[An-nazhaafatu min al-iimaan]

Sesungguhnya kebersihan sebagian dari iman -- tingkatkan K3

In truth, cleanliness is a part of faith -- improve K3

41. النَّظَافَةُ شَتْرٌ مِنَ الْإِيمَانِ

[An-nazhaafatu shatrun min al-iimaan]

Kebersihan itu sebagian dari iman -- membuang sampah di sembarang tempat merupakan malapetaka bagi kita

Cleanliness is a part of faith -- throwing garbage away indiscriminately is a disaster for all of us

42. إِنَّ اللَّهَ نَظِيفٌ يُحِبُّ النَّظَافَةَ

[Innallaaha nazhiifun yuhibbun nazhaafah]

Sesungguhnya Allah yang maha suci mencintai akan kesucian -- membuang sampah di sembarang tempat dapat dikenakan sanksi Perda K3

In truth Allah, who is the cleanest of all, loves cleanliness -- throwing garbage away indiscriminately may be fined under Local K3 Regulations

In West Sumatra, people who use or know Arabic shows themselves to be in possession of an Islamic education as well as strong moral authority. By this measure, Minangkabau society is generally religious in orientation and is sensitive to nuances in the language used in secular and sectarian situations.

In this campaign, the Arabic language messages, emphasised by the use of Arabic script, appeal to the religious feelings and morality of the public. Normally, Arabic script is found only in the Quran and the collected *Hadith* and is first encountered by Minangkabau when they begin religious study as children. Religious writings, in Arabic script, are to be revered and protected. Due to the reverence accorded to holy books and their contents, anything written in Arabic immediately engenders a deep respect surpassing anything written in another alphabet. The innovative use of Arabic quotations in health promotion takes advantage of the respect the West Sumatran public feels for religious authority, making the

messages and their intent that much more meaningful to those who see them.

That is, the use of Arabic script, whether or not its content is understood by the public, serves as a signifier for everything positive associated with religion and deserves respect for this reason. It is the script itself that plays this role, not its meaning. In fact, in the case of these Arabic messages, it is likely that a majority of those who see them do not understand their meaning even if they can sound out the words and read out an approximation of the sound of the Arabic sentence.

In the case of example 41 above, it should be noted that the original *Hadith* cited on the sign does not use the word *an-nazhaafatu*, rather *at-thahuuru* is used. *At-thahuuru* has a broader meaning that may indicate spiritual as well as physical cleanliness. Also, *shatrun* is spelled differently in the original -- the letter *tha* , ط , (the palato-interdental voiceless stop, 16th in the Arabic alphabet) is used whereas the sign uses *ta* , ت , (the dental voiceless stop, third in the Arabic alphabet). Furthermore, the original *Hadith* does not contain *min* , من , (Daud, 1982). The *Hadith* in question actually reads *At-thahuuru shathrul iimaan*. There is, in fact, no Arabic word with the root *shin-ta-ra*. This is a clear indication that what is important in this campaign is presenting a message in Arabic, rather than the accuracy of the *Hadith* itself. It is the impact of the language and the script in which it is written that is used to appeal to religious sentiment and drive the message home.

This demonstrates very clearly the sociolinguistic value of Arabic in West Sumatran society. As a prestige language, Arabic is held in high regard generally by the Minangkabau due to its status in relation to their religious

beliefs. Arabic has in fact a limited domain with the community where it is used only in religious study and for specific aspects of conversation as described above for sociolinguistic reasons, rather than as a language of communication. It is for this reason that the health promotion message in Example 41 can serve its intended purpose despite containing a mistake that would be apparent to an Arabic speaker. Because most of the target population does not possess this level of language ability, however, the actual content of the Arabic is less important than its symbolic status and all that it signifies.

The use of Minang in health promotion campaigns is quite different. Minang is the day to day language of the people of West Sumatra, the language most people feel most comfortable with, and the one they associate with the spoken context in all non-official settings (Anwar, 1990). Even in government offices and other official settings, most Minang choose to use Minang among themselves when discussing ordinary subjects. School children speak to their teachers in Minang outside of class. Indonesian is used to talk about official business, including during classroom interaction, or when non-Minangkabau are present. As discussed in Chapter IV, the circumstances that govern code switching between Indonesian and Minang are quite specific and depend upon a number of contextual factors. Indonesian is also the language of the media, education, science, business and technology. In other words, West Sumatra is a diglossic community, where Minangkabau and Indonesian are both used for communication but within separate and fixed functional domains<sup>5</sup>. It is for this reason that Indonesian is the sociolinguistically

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<sup>5</sup> It should be noted that most speech communities in Indonesia are diglossic, with one of the languages in question being Indonesian and the other being the local language of the region. Because the people of Indonesia speak hundreds of local languages, language planning and

appropriate language to be used in most health promotion campaigns and materials, particularly as health promotion materials are contained in Indonesian language textbooks used in schools and most individuals are exposed to a great deal of such material while learning the national language.

Nonetheless, one instance of the use of Minang in a health promotion sign was observed as part of this study in a mural located at the central public hospital in the town of Bukittinggi. This mural, decorating a wall at *Rumah Sakit Dr Ahmad Mochtar*, depicts in cartoon form a baby being attacked by the black, ghoulish figures of disease and then being defended by smiling droplets and syringes of vaccine. The title of this mural is in Indonesian.

43. *Imunisasi memberikan kekebalan tubuh pada balita Anda terhadap penyakit*  
Immunisation gives your child immunity against disease

The baby's thoughts and comments of the germs and vaccines are represented in speech balloons. Like the people of West Sumatra, the characters speak and think in Minang, pointing up very clearly the boundaries of language use and the role of Indonesian and Minang in the society of West Sumatra. Overall then, this mural, through the use of both Minang and Indonesian, presents a message that is serious but also humorous and familiar to those who see it (see photograph in Appendix 1).

Similarly, Indonesian and Minang are occasionally used in health promotion cartoons appearing in the regional newspaper, *Haluan*.

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the use of the national language have been issues of great importance in relation to education and development (Crystal, 1997).

Indonesian is usually spoken by the educated healthcare personnel while Minang is used by the characters representing the public. These figures are often drawn such that their appearance or dress indicates they are children or villagers. The contrast between language domains is as clear as the social divisions that parallel the use of the languages in question (see Appendix 2).

It is interesting to note that this technique of combining the local language with Indonesian has also begun to be used by commercial advertisers for much the same reason. In an effort to personalise their advertisements for the target audience and to make them seem more homey, some products are using Minang in their ads. One such advertisement is for Sari Wangi Tea, which is now being touted as *Teh Urang Awak*, or the tea for the Minang, where the term *urang awak* is the Minang for how the Minangkabau people refer to themselves.

Once again, it is possible to see here the similarity of techniques used in health promotion and commercial advertising in an effort to increase message appeal and acceptance by the target population. In both cases, the use of Minang, whether as a single phrase in the tea ad or as dialogue in the health promotion mural, would be associated with spoken language and an informal, unofficial setting by viewers. In the case of the hospital mural and the newspaper cartoon, Minang has indeed been used in its normal domain, as spoken language, although it happens that, in these circumstances, spoken words have been written down. The Indonesian that is used is also within its normal domain, as the caption in the mural

and in the doctor's speech and National Immunisation Week sign in the cartoon. Because health promotion is an official initiative, its proper language is Indonesian. The same is true for the sign in the cartoon. The doctor speaks Indonesian because he is a representative of the highly educated, professional segment of the population that is also associated with Indonesian. By using Minang in this unusual way, as part of health promotion which usually appears within the domain of Indonesian but yet within its natural domain as spoken language, these signs are relying on the value of surprise to capture the attention of those who see them and are counting on a favourable reaction.

Perhaps, more importantly, the Minangkabau message in the health promotion mural, for example, unlike the Indonesian caption, is specific to the speech community of West Sumatra. There could be no doubt that its message is addressed to those local people who view it, rather than to the public in general. While it is the case that most of those who see this mural will be Minangkabau because of its location in Bukittinggi in the heart of the *darek*, it should be recalled that Minangkabau, like other Indonesians, are exposed to a large amount of material in Indonesian that is intended for viewers across the nation. People generally associate the use of Indonesian with the national press, television, and issues that affect the country as a whole and are skilled in code switching between Indonesian and Minang. The use of Minang in an example of health promotion material highlights the phenomenon of code switching that takes place in society and has the effect of unmistakably directing the

message to the target community and may also make the message more memorable due to its unusual nature.

#### 6.4 Discussion

The use of cultural themes and linguistic factors that distinguish the society of West Sumatra in health promotion has made the campaigns discussed here highly specific to their target population. Campaigns of this type would be expected to be better able to achieve their aims due to their degree of specificity. Study of these campaigns though points up several issues of importance both in the region itself as well as elsewhere.

While these campaigns make use of a number of elements drawn from the traditional culture of the Minangkabau, there is one side of that culture that has not been touched upon in any of them and which offers a great deal of potential for use in this field. The Minangkabau people have a large treasury of traditional literature in the form of *pantun*, sayings, proverbs and riddles, many of which, particularly proverbs, are still in common use today (Nafis, 1997). Additionally, skill with words and and clever use of language have traditionally been valued, and there are many proverbs that attest to this. This may be the reason so many forms of traditional literature are still in common use today.

Nonetheless, at present, none of the traditional literary forms have been made use of in health promotion messages, either in their original form or adapted for the purpose. Traditional literature of this kind has been



used as a source for health promotion material elsewhere in the world (see, for example, Nyamnyawa et al., 1989) but remain untried in West Sumatra despite the applicability of many well known sayings and expressions.

For example, the *pantun* cited in Chapter IV of this study

*Kayu pulai di Koto Alam*  
*Batangnyo sandi-basandi*  
*Jikok pandai dalam alam*  
*Patah tumbuhan hilang baganti.*  
Pulai trees in Koto Alam,  
Their branches have sharp edges.  
If you're at one with nature,  
What's broken regrows, what's lost reappears

could easily be made to serve a campaign for environmental health emphasising the need to live harmoniously in one's environment. Alternatively, new quatrains could be used that follow the rhyme and scanning patterns of *pantun* but whose content has to do with the topic being promoted. Similarly, proverbs and sayings might be used in the same way, akin to using 'An apple a day keeps the doctor away -- eat fruit for health' as part of an English language health promotion campaign. It is likely, because the Minangkabau are generally fond of word play and use many figures of speech, metaphors and proverbs, that campaigns of this type would meet with approval in the community.

Another aspect of Minangkabau culture today that might lend itself to health promotion is the Minang language music industry. Minang pop, disco and reggae are popular and enjoy a special status alongside

Indonesian language pop music. Many of the songs are new versions of traditional songs, but many others are new and deal with modern subject matter, including teenage pregnancy, Padang restaurants, and moving from the village to the city. Songs of this type, which would likely have to be produced in cooperation with the artists and companies that record them, would be a novel and appealing form of health promotion.

It is interesting to note that a similar form of health promotion has been used in Malaysia. In this case, however, it is not popular music that has been used but rather a traditional form of music called *Dikir Barat*, which is characterised by a lead singer with a large chorus backup. The participants wear traditional costumes and the songs are accompanied by patterns of gestures and clapping. The music of *Dikir Barat* has a distinctive rhythm pattern and is very recognisable. One of these *Dikir Barat* songs deals with AIDS prevention and is shown on one of the government television channels between programs, particularly on weekends when more young people are presumably watching.

The use of cultural and linguistic themes in health promotion campaigns in West Sumatra provides a useful model that might be used in other parts of Indonesia as well as in other parts of the world. Most regions in Indonesia, for example, have an equally complex cultural and linguistic background that would have to be considered in developing campaigns designed for the population of the region. While the content of these West

Sumatran campaigns would not be appropriate in most other locations, the sources they draw upon would likely be available.

Each ethnic group in Indonesia has its own *adat*, cultural institutions, traditional values and customs, as well as cultural symbols that may appear in architecture, clothing, and so on. Most Indonesian ethnic groups also have their own language with a specific domain and sociolinguistic characteristics that govern its use. This is also the case in many other parts of the developing world and may also apply to certain multicultural or multilingual regions in the west.

While it is important to note that native speakers of language deal with code switching without thinking, they simply speak in a way that is appropriate, that makes use of the correct code, because they have learned the nature of the language domains in their environment as part of learning to talk. Similarly, members of a culture have specific perceptions about various signs within their culture without consciously analysing their own reaction. For this reason, it is possible for campaigns such as the ones considered in this study (as well as advertising and so on) to be developed by members of a society for their fellow members without a great deal of study. In other words, because the designers are members of the society, the ideas that come to them concerning health promotion messages, for example, are likely to be drawn from their own culture. This does not mean, however, that such messages are necessarily the best possible ones for the target population and the issue in question nor does

it mean that only members of a particular culture can design appropriate messages for that culture.

Rather, this suggests that there is great benefit to be had by thoroughly studying the language(s) and cultural heritage of a target population to be reached by health promotion. The field of culture study can provide a great deal of information that can be applied to develop culturally appropriate campaigns and make use of identifiable themes meaningful to the target population. Similarly, the principles of sociolinguistics can be used to take advantage of language domains, or language styles in a monolingual community, to encourage the desired perception of the campaign and its goals.

## 6.5 Summary

This chapter described the nature of health promotion campaigns in West Sumatra, Indonesia, in terms of the cultural themes and sociolinguistic factors that feature in the design of their messages. Their significance in social, cultural, and religious terms was discussed using a semiotic framework, as was the effect of the use of Arabic, Indonesian and Minang languages. Many of the health promotion messages in use at the time of this writing are highly specific for the Minangkabau population they target and rely upon these distinctive themes and sociolinguistic characteristics to convey their message.

## CHAPTER VII

### HEALTH PROMOTION DESIGN IN WEST SUMATRA

The purpose of this chapter is to evaluate the health promotion campaigns running in West Sumatra, Indonesia, at the time of this study in light of current research on the design of such programs. The healthcare background and cultural context of the province have already been described above, as have the cultural themes and sociolinguistic factors that feature in many of the campaigns now in use. This chapter discusses these campaigns as they stand up against the principles of health promotion design discussed in the review of literature in Chapter II of this study.

#### 7.1 Health Promotion Design

A great deal of work has been done by scholars and planners on the ways in which health promotion programs can be carried out in order to maximise their effectiveness in reaching their target population (see, for example, Solomon, 1984; Brown and Einseidel, 1990; Egger et al., 1993). The most important of these principles can be summarised as follows:

1. Conduct formative research
  2. Understand the audience
  3. Customise the message
  4. Use multiple channels
  5. Set realistic goals
  6. Provide environmental support for the campaign
- (Egger et al., 1993)

These principles of campaign design will be used as a framework for considering the health promotion campaigns running in West Sumatra. Message design will be discussed below in section 7.2. The cultural and linguistic content of specific messages has already been discussed above, but an evaluation of this type will help place these messages within the health promotion campaigns of which they are part and will allow a determination of ways in which they might be made more effective in achieving their goals.

### **7.1.2 Formative Research**

While it was beyond the scope of this study to consider the ways in which topics of health promotion campaigns were chosen in West Sumatra and to what extent the topics of existing campaigns address the actual health needs of the community, the experience of the researcher in conducting field research indicated that formative research for health promotion, as well as other types of health related research, is severely lacking in relation to West Sumatra and, to a lesser extent, in relation to Indonesia in general.

At the present time, there are a few studies available concerning specific health conditions in Indonesia. The topic of these studies varies greatly, ranging from specific illnesses such as dengue fever (see, for example, Fanany, 1993) to environmental health concerns (see Jeyaratnam et al., 1987; Fanany and Azzam, 1994) to consideration of various aspects of the public health system (see Johnston, 1983; Elder et al., 1992). It is, as yet, difficult to find a cohesive body of literature on any specific health issue.

This situation exists, at least in part, because Indonesian scholars and professionals carry out comparatively little research, particularly as the cost of large-scale health research is beyond the means of many institutions, and results are frequently published in limited format in Indonesian. Foreign scholars may encounter many barriers to research, such as complex bureaucratic procedures, language difficulties, and lack of baseline data on health and illness in the region of interest. This last point is particularly significant in Indonesia, where different parts of the country may have very different populations whose state of health and healthcare concerns may be very different as well<sup>1</sup>.

As described in Chapter IV of this study, however, the hierarchical structure of the Indonesian healthcare system means that a great deal of data on illness, family planning participation, use of public health facilities, accidents, causes of death, and so on are collected at the lowest levels of the system, generally by *Posyandu* and *Puskesmas*, and passed up the chain to the provincial Department of Health. This data is available to the designers of health promotion campaigns and may be quite useful as these campaigns are designed and run at the provincial level.

Nonetheless, data collected in this way may have a number of limitations that affect their usefulness in health promotion design. First, it is generally

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<sup>1</sup> This lack of baseline data on health issues and illness in Indonesia can be pronounced. For example, Cliff et al. (1993), in their comprehensive work on the historical and current status of measles throughout the world, have nothing about Indonesia. The country is only mentioned in the introduction to the section on Asia and only then to state its population that makes it one of the largest countries in the world.

collected by hospitals, *Posyandu* and *Puskesmas* and hence represents only the concerns of the part of the public that makes use of these facilities. As there are campaigns running to encourage use of public healthcare services, including hospitals, *Posyandu* and *Puskesmas* and their utilisation is still viewed as less than optimum (Sarwono, 1993; Sukarni, 1994), it may be the case that the state of health and health concerns of a significant portion of the population are not represented by these data. Additionally, because the data relate only to conditions currently treated and service currently provided by these facilities, they would not be useful in identifying unmet needs of the community. In practice, though, it is this information that is available to officials of the provincial Health Department in determining the content of health promotion campaigns. Issues of concern at the national level that are perceived by the Ministry of Health to apply to the nation as a whole are often addressed as well, regardless of their actual importance in the province (Stand, 1995).

This points up a potentially serious problem with the health promotion efforts in West Sumatra. Regardless of the quality or effectiveness of individual campaigns, it is not possible to determine whether these campaigns adequately address the health issues of greatest concern to the community or whether, of the issues addressed, appropriate emphasis is being placed on specific campaigns relative to their importance in the community.



### 7.1.3 Understanding of the Audience

As described in Chapter VI of this study, the health promotion campaigns of West Sumatra generally show a high level of understanding of their target audience, the Minangkabau people who make up the large majority of the population of the province. Many campaigns make use of specific cultural themes and linguistic factors that relate directly and intimately to the traditional matrilineal culture of the region and, for this reason, are appropriate for something over 90% of the community.

The designers of health promotion campaigns in West Sumatra are officials at the provincial Department of Health and Department of Information, with most of the actual message determination carried out by the Department of Information (Stand, 1995). Most of these individuals are natives of the region who are also of Minangkabau descent. For this reason, their own perceptions probably mirror those of the population in general and they possess the same cultural, religious and language background that they can put to use in combination with their formal training in health and healthcare.

The Ministry of Health policy that health promotion be conducted at the provincial level is quite appropriate for Indonesia as it leads to a situation like that of West Sumatra existing in each of the nation's 27 provinces. The large number of ethnic groups and language communities that make up the population of the country as a whole would make it extremely difficult to run any type of campaign specific to the needs of one group at

the national level, and it is in fact the case that national campaigns are generic in nature and address only those issues that are thought to affect most Indonesians (see Appendix 4 for examples of national health promotion messages).

It is interesting to note, however, that various provinces have placed a different emphasis on health promotion. While the level of visibility of health promotion messages in West Sumatra approaches saturation levels, there is almost none in the neighbouring provinces of Jambi and South Sumatra, even in major cities. Again, though, due to a lack of research of this type, it is not possible to compare the state of health of the population of various Indonesian provinces, except in the most general way, and hence to determine the effect these different views of the importance of health promotion might have.

#### **7.1.4 Customised Messages**

The degree to which health promotion messages in use in West Sumatra have been customised to fit their target audience has been discussed extensively in Chapters V and VI of this study. The literature suggests that an approach of this type is very appropriate and may result in more effective behavioural change in line with the aims of the campaign (Chng, 1984; Braithwaite and Lythcott, 1989; Hunkeler et al. 1990; Dyak, 1992; Flavier, 1992).

It is the case, however, that the use of cultural themes and linguistic factors has not been consistent in West Sumatra. Many campaigns make use of Indonesian language messages only, unaccompanied by any visual image specific to the region (see Examples 2, 11, 19 and 29, for instance). Some include general illustrations, such as factories or roads, that might be found anywhere in Indonesia, including in West Sumatra. These messages may not be viewed as applying specifically to the target population, except in as much as their topic is of concern in the community in general. In fact, because they make use of Indonesian and are not accompanied by any signifying image, they might be used elsewhere in Indonesia with perhaps much the same effect.

Similarly, many of the health promotion messages using a religious theme are not accompanied by any supporting visual image. This is the case with Examples 40, 41 and 42, which carry a great deal of significance for the community due to the importance of religion to the Minangkabau but might be equally meaningful to other Muslim communities elsewhere in Indonesia. Unlike their matrilineal societal structure and distinctive *adat*, which is unique to the Minangkabau, a similar understanding of the precepts of Islam is shared by many Indonesian ethnic groups.

Accepting the premise that those campaigns that make use of linguistic or cultural references specific to the Minangkabau, perhaps in combination with some visual image that supports them in significance, will be better accepted and more effective, it would be an advantage if all the campaigns

in use in West Sumatra were of this type and any new campaigns put into place made similar use of cultural themes and linguistic factors. Anecdotal evidence suggests that the *Kebersihan sebagian dari iman* (Cleanliness is a part of faith) campaign for K3 and the *Bundo Kanduang* campaign for family planning discussed in Chapter V are the messages that are most meaningful to members of the community, which may be an indication that messages of this type are better received and possibly taken to heart.

Included in this type of health promotion campaign are those that make reference to values and characteristics that are traditionally viewed as desirable within the matrilineal culture of the Minangkabau. One of the most frequently used is the concept of responsible membership in the community which has been linked to environmental hygiene, road safety, family planning and other topics (examples 44, 45, 46, 47, and 48). This concept of responsible citizenship has also been used in connection with the National Discipline Campaign in areas unrelated to health, such as punctuality, public conduct, and personal saving behaviour.

The manifestation of the way public behaviour has been linked to traditional values is visible throughout the province. In the city of Padang, for example, many public buildings, banks and government offices use an architectural style that is a modern representation of the traditional Minangkabau houses with their buffalo horn-shaped roofs. These buildings are frequently hung with banners carrying messages related to health promotion, the National Discipline Campaign, or other public

information campaign. The symbolic link between desirable behaviour, the public forum, and traditional values is clear and striking. Similarly, many health promotion signs visible along roads and in marketplaces have a buffalo horn roof of their own which further reinforces the connection between the message and Minangkabau culture.

This attitude, as a part of Minangkabau culture and its association with West Sumatra as the ancestral home of the Minangkabau people, is very strong. This was remarked on by a national newspaper, *Suara Karya*, in connection with the *Adipura Kencana* awards for K3. Due to their custom of *merantau*, where young men (but now many young women as well) leave their home to work in another region, many Minangkabau live in the city of Pekanbaru in the province of Riau that borders West Sumatra. Estimates have suggested that up to 70% of the population of this city are Minangkabau who control as much as 75% of the business in the region. Despite this and the fact that most cities and towns in West Sumatra have won *Adipura Kencana* awards, the Minangkabau in Pekanbaru are said to lack concern for K3 in the city in which they live. Pekanbaru is reported in the press to be a fairly dirty city that has failed to win the *Adipura* award, and this is attributed to the attitude of its majority Minangkabau population who, it is suggested, continue to view their region of origin as the only one where responsible behaviour is owed (Suara Karya, 1996).

This situation shows clearly the way in which community values can affect health behaviour and underscore the need to identify such values

for use where appropriate in health promotion activities. Unfortunately, due to the lack of research noted above, it is not possible to determine whether these campaigns making use of more tailored messages do in fact address the health issues of greatest concern to the community or whether other issues, either addressed by other kinds of health promotion campaigns or not addressed at all, are actually more significant.

#### **7.1.5 Use of Multiple Channels**

At the present time, health promotion campaigns in West Sumatra are carried out through multiple channels. These are generally roadside signs, school Indonesian textbooks, and provincial newspapers. There are also a few small-scale national health promotion campaigns that overlap in topic with provincial ones that use national newspapers and magazines available in West Sumatra.

Currently, all Indonesian television channels, public and private, are broadcast centrally from Jakarta, the nation's capital, with relay stations in the various provinces around the nation. For this reason, there is in effect no local television broadcasting that might be used as a channel for region-specific health promotion material, although occasional public health messages are broadcast on the government-run TVRI. There are a number of provincial radio stations in West Sumatra, however, but they have not been active in health promotion campaigns.

The nature of the media in West Sumatra and Indonesia suggests that current health promotion campaigns are already making close to maximum use of available media. The one area where the potential for greater use may exist is radio. Available data suggest that more individuals in West Sumatra regularly watch television than listen to the radio, 64.3% compared to 49.9% ,respectively for the province as a whole (Kantor Statistik Propinsi Sumatera Barat, 1994), but, as television has no local content in West Sumatra, the use of radio as a vehicle for the dissemination of health promotion information is a channel that might be put to much more effective use, particularly as it may be that nearly half the population listens regularly.

#### **7.1.6 Realistic Goals**

The goals of the health promotion campaigns described in this study are mostly realistic in terms of the ability of their target population to carry out the prescribed behaviour. Setting aside the question of whether the population might be motivated to change its behaviour in the desired way, most of the actions called for in these campaigns would not entail much sacrifice on the part of the public. For example, the many messages about K3 that call for individuals to dispose of garbage properly require only a change in the way refuse is dealt with. Similarly, safe road behaviour would not usually entail much loss of time or money, only a change in habit. It is unlikely that many people would argue that the goals of these campaigns are not desirable. In the case of other campaigns, such as those to improve occupational safety, the benefits of behavioural

change are quite easily apparent and would likely be accepted as beneficial by most of the community.

There are a number of health promotion campaigns, however, whose goals may be less easily accepted by the public due to their close relationship to long held societal practices. Among this type of campaign are those to increase use of public health facilities and those to encourage use of family planning services.

In West Sumatra, a number of alternatives besides public healthcare facilities exist for those seeking treatment or advice. For example, general practitioners and specialist doctors maintain private practices in all towns and cities. There is no referral procedure, and individuals are free to visit any doctor they feel they need. Midwives with various levels of training also practice privately and can be found in virtually every village. It is also possible to attend public or private hospital clinics or receive emergency treatment if required. While many of these hospitals in West Sumatra are run by the government, health promotion has been aimed at encouraging use of *Puskesmas* rather than government facilities in general.

A range of more traditional health care is easily obtained as well. This can include *dukun* (traditional healers), who may also have particular specialties, traditional massage therapists, and those skilled in making *jamu* and folk remedies. Finally, a very large range of drugs and medicines can be obtained without prescription from pharmacies and licensed *toko*



*obat* (drug stores). Many drugs that require a doctor's prescription in western nations, such as antibiotics, can be purchased freely in Indonesia, and an increase in self-medication in recent years has been reported (Soesilo, 1992).

In terms of cost, *Puskesmas* are competitive, particularly compared to the fees doctors charge for surgery visits. If medication is required, it may be provided to patients at a reduced cost. A system is also in place to provide free care at *Puskesmas* to those who cannot afford to pay. Traditional alternatives tend to be within the reach of the public, however, and the price of drugs for those who choose to treat themselves is also low. *Puskesmas*, *Puskesmas Pembantu* (auxiliary *Puskesmas*), and mobile *Puskesmas* are accessible throughout the province, with every *kecamatan* having at least one *Puskesmas*. These are usually supported by auxiliary *Puskesmas* depending on the size of the population of the area. It should be noted, however, that access to other forms of healthcare is also good throughout the province as is the availability of medicines.

While *Puskesmas* offer some advantages in terms of cost and accessibility, public perception of the services they provide is not always favourable. Many people cite long waits and lack of skill on the part of *Puskesmas* personnel as reasons for choosing other forms of healthcare. It will be recalled from Chapter I that the term *Puskesmas* is an acronym for *Pusat Kesehatan Masyarakat*, or public health centre. A well-known joke reflecting public views is that *Puskesmas* really stands for *PUsing*,

*KESeleo*, *MASuk angin*, headache, sprains, and colds, because these are the only complaints *Puskesmas* are perceived to be capable of treating. It is also the case that many doctors assigned to *Puskesmas* are recent university graduates fulfilling their public service requirement. This may account for the perception that treatment available at *Puskesmas* is less skilled than that provided by other qualified medical practitioners.

As described in Chapter V, health promotion campaigns, particularly those involving school materials, have aimed to encourage the public to perceive *Puskesmas* as the most appropriate places to seek healthcare and to portray them as community institutions that should be taken advantage of because they are there to serve the public. By targeting school children in particular, these campaigns are intended to engender an attitude of acceptance toward *Puskesmas* and a knowledge of their services that will continue outside of school, will spread to the non-school community, and will continue when children leave school and begin making healthcare choices for themselves.

For many people in West Sumatra, their perceptions of the most appropriate forms of healthcare as well as their behaviour in relation to healthcare are in a state of transition. This is exemplified by the views of a 32 year old man the researcher spoke to. He explained that he does not believe in doctors and will not take his two children to one, except in a case of extreme emergency (which has never occurred). He and his wife know a large number of traditional remedies for common illnesses and

feel very strongly that doctors' medicines may be harmful while traditional ones are safe even when they are not effective. He is sceptical of the medical system although he does have a Health Card entitling him and his family to treatment at government facilities. Both of his children were born at the house of a traditional midwife, rather than at a *Puskesmas* or hospital. Nonetheless, both his children received full immunisation at government facilities because he recognises the value of immunisation as a preventive measure and credits it as the reason his children have never been seriously ill.

The issue of family planning is very closely bound to traditional views and attitudes and, as a result, may be a particularly difficult area in which to change the behaviour of the population. In many cultures, including that of West Sumatra, large families have traditionally been desirable, particularly when mortality due to childhood disease may have been high and the demands of a rural lifestyle based on agriculture made large families necessary or desirable. Throughout the history of the Minangkabau people, the availability of children to work the land and contribute to family income has been a matter of economic necessity. It is perhaps not surprising if this basic attitude has not changed as quickly as the nature of society and work.

Family planning involves the most personal and sensitive behaviour. Despite the fact that a marked openness has been created by extensive health promotion campaigns, it may be that the West Sumatran

population is not yet willing or able to change personal views and actions to the same extent that information and access to family planning services have been made available. It is likely that age-old cultural attitudes will require more than 14 years of intensive health promotion to change significantly although this attitudinal shift seems to be beginning.

On numerous occasions, upon learning that the researcher has two children, people commented, "*O, ikut KB*", "Oh, you use birth control". In response to the researcher's questions, a young female employee of the Department of Health explained that, although she had been married for three years, she had no children because she and her husband had agreed to "*ikut KB*", participate in a family planning program, until their careers were established. This kind of statement was by no means uncommon and signals a willingness to talk about family planning issues, including one's own participation, that exists within the West Sumatran community today and reflects the attitude of openness towards the topic that is encouraged by health promotion campaigns. Once, however, a woman who felt that the researcher's children were very good looking suggested that the researcher should "*beranak banyak-banyak*", have lots of children. Perhaps this is an indication that, to some people anyway, there might be acceptable personal or social reasons for not limiting the number of children one has.

Another factor that may contribute to this situation is the fact that the province of West Sumatra is a prosperous one (Mubyarto, 1996).

Historically as well as at the present time, it has been economically successful (in terms of agricultural, manufacturing and resource output) (Bappeda and Kantor Statistik, 1993) as well as being at the forefront in education and letters (Esten, 1993). For this reason, despite the importance placed on family planning programs and the fact that the total fertility rate for the province has declined only slightly from 4.80 in 1980 to 4.40 in 1990 (Bappeda and Kantor Statistik, 1993), the need to limit population growth may not be felt strongly at the community level in West Sumatra. Because many individuals have not and do not experience serious hardship in supporting several children, there has not been a pressing economic need to alter traditional attitudes. Fondness for children and their value within tradition and custom may make family planning behaviour slow to change.

The Minangkabau tradition of *merantau* may also contribute to the perception that larger families are beneficial. As discussed in Chapter IV, *merantau* is a form of voluntary migration where young adults, primarily men, leave their home to work in other parts of the province, of Indonesia or abroad. Some of these migrants eventually return to settle in West Sumatra, but many remain permanently in other areas although contact with their community of origin often remains strong. While no reliable estimates are available for the rate of *merantau*, this figure has been estimated to be as high as 35-40% of the population of West Sumatra (Naim, 1984). Under these circumstances, it seems likely that many people may feel it is important to have several children in order to improve the

likelihood of at least one of them remaining near the parents to help and support them in their old age. Similarly, it is likely that the slowing of the population growth rate in West Sumatra over the past two decades has been affected by both family planning efforts and *merantau*.

Overall, then, it appears that most of the health promotion goals in West Sumatra are realistic in that the behavioural changes they are intended to encourage are not deeply related to the culture of the region. The two main exceptions to this are those campaigns that encourage use of public health facilities and use of family planning services. Of the two, it is likely that family planning would be an area in which much of the public would be resistant to change due to its close relationship to traditional values, *adat* and *merantau*.

#### **7.1.7 Environmental Support for Campaigns**

In many cases, environmental support has been put into place since the inception of health promotion campaigns requiring it. For example, trash containers are now visible throughout the market areas of towns and cities as well as along main thoroughfares whereas in the past they were almost totally absent. Additionally, regular garbage collection has been started in residential areas of cities where people used to simply pile their trash in any open space. In this way, as the public is called upon to dispose of garbage responsibly, facilities are now available to do so.

Since the inception of health promotion campaigns on a large scale in the province in 1983, a large number of *Puskesmas* have been built and now supervise as many *Posyandu* as required to fill the needs of the population they serve (Bappeda and Kantor Statistik Sumatera Barat, 1993). This effort is very much in line with national guidelines on the provision of healthcare facilities (Tjiptoherijanto and Soesetyo, 1994) and makes it at least possible for the public to make use of public healthcare services, including family planning.

In some areas, though, environmental support is still less than adequate. One of the most noticeable of these is in relation to encouraging good road habits. This is interesting in that driving in West Sumatra is frequently cited as hazardous, and accidents are viewed as a serious public health issue (Bappeda and Kantor Statistik, 1993). Many roads are narrow and winding with very steep inclines where they pass through the mountainous interior of the province. They are used by a wide variety of vehicles, both motorised and unmotorised, as well as by pedestrians and horse drawn carts. Furthermore, it is easy to obtain a driver's license. No driving test is required, and it is not unheard of for individuals to obtain a license before they ever drive a car. Even professional bus or truck drivers and chauffeurs frequently learn to drive on the job, often beginning their career as a bus conductor or truck driver's assistant.

A chauffeur who currently is employed by a university and serves as the personal driver for the dean of its Faculty of Social Sciences related to the

researcher how he began his career. After leaving school as a young teenager, he found a job helping the driver of an oplet<sup>2</sup> by collecting fares, washing the vehicle, and so on. Gradually, he learned to drive as he was allowed by the driver to move the oplet a few metres when required and later to collect it from its overnight parking area at the beginning of the work day. At the same time, he was taught to maintain the engine and repair breakdowns. When he felt he was a reasonably skilled driver, he applied for his first license after lying about his age. At that point, he began his career as a professional driver which has included driving a number of different vehicles. The experience of this individual is quite typical, particularly for those people who drive for a living or as part of a job in another sector. Very few people actually learn to drive through formal or informal lessons as is common in the west. A driving school has recently opened in Padang, but many people regard its services as most appropriate for the children of the well-to-do. Professional drivers still tend to be expected to work their way up and learn by doing under the supervision of an experienced driver.

Police supervision of traffic is not generally strict. Right of way on roads often goes to larger or official vehicles despite traffic regulations, and drivers of public transport are renowned for their often reckless driving. There are no regulations in place such as those familiar in the west requiring the use of seat belts for example. In fact, an unofficial set of rules

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<sup>2</sup> *Oplets* are vehicles used for public transportation in many parts of Indonesia. They are "built" by altering the rear section of a standard car or van to allow 10-12 passengers to sit



for the road has been developed by bus and truck drivers that other drivers are frequently not even aware of. For example, while indicator lights are sometimes used to signal turns, their more common use is in a series of codes that a driver uses to indicate to other drivers whether or not it is safe to pass. This is an important safety initiative taken by professional drivers to help their colleagues manoeuvre heavy vehicles on steep and narrow roads.

Clearly, then, this is one area where environmental support, possible in the form of enforced regulations and testing as well as improved roads, would be very appropriate as a support to health promotion campaigns. The extensive traffic safety campaigns in the form of roadside signs and in school texts, as described in Chapter V, have been the only official form of encouragement to change behaviour related to road use and are not supported by either the physical or the social environment at this time.

## 7.2 Message Design

Many of the health promotion messages in use in West Sumatra have been discussed above in Chapters V and VI. There are, however, a number of other aspects of message design that should be considered in relation to the campaigns in this region as a means for providing an overall view of the campaigns in light of current principles of health promotion.

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in rows of seats. Many *oplets* in use in West Sumatra were built in this way using various kinds of old Holden sedans as the base vehicle.

Many authors have specifically considered the design of health promotion messages (see, for example, Wearne, 1985; Donohew, 1990; Brown and Einseidel, 1990; Flora and Cassady, 1990; Backer et al., 1992; and Egger et al., 1993). These principles can be summarised as follows:

1. Use simple, clear messages
2. Emphasise positive rewards
3. Be credible
4. Evoke a strong emotional response
5. Use mnemonics
6. Customise messages for target population
7. Reinforce message through interpersonal contact or multiple formats

(Wearne, 1985; Backer et al., 1992; Egger et al., 1993)

There are a number of points of overlap between the principles elaborated for effective campaign design and those specifically identified in relation to health promotion messages themselves. One reason for this may be that virtually all campaigns make use of some form of message disseminated through some medium. And it is also the case that the messages of many health promotion campaigns are the central feature that the public is exposed to, making them extremely important in the overall design and effect of the campaign in question.

### **7.2.1 Use of Clear, Simple Messages**

Most of the health promotion messages observed during the course of this study are indeed clear and simple. A large number consist of one sentence only and are expressed in a way that is straightforward and would be easily understood by those who see them. It should be noted that this aspect of the messages may not be apparent from the examples provided in Chapter

V of this study due to the limitations of the translations. Structurally, Indonesian and English are very different, and it is not always possible to maintain all the stylistic characteristics of the source language in the target language version (Newmark, 1981).

Many health promotion examples in use are short and make use of key terms that are repeated in different messages. For example, *keluarga sejahtera* (the prosperous family) is used in virtually every family planning message. *Budayakan* (make it part of the culture) occurs often to draw attention to the desired behaviour. *Padang kota tercinta* (Padang our beloved city), and similar epithets for other locations, are repeated to play on feelings of loyalty to the region. These terms, along with many acronyms, have come to be catchwords for a whole range of concepts associated with the campaign in question. In this way, they form an easily understood shorthand for all that the campaign involves. The full form of these campaigns, including such information as the attributes of the prosperous family or activities related to K3 in the city of Padang, are typically elaborated upon in newspaper items and Indonesian language textbooks where more space is available. Because the public is familiar with these types of health promotion, they immediately understand the reference in the shorter messages of the sign campaigns.

There are a number of exceptions to the general practice of using clear, concise messages however. Examples 10, 16 and 48 above, for instance, are rather wordy and involved. As they appear on roadside signs, it may be

the case that passers-by cannot or choose not to take the time to read them. For this reason, messages of this type may be wasted efforts which, even if they are read, would be difficult to recall.

16. *Pesan Kemandirian dari Presiden RI -- membudayakan keluarga kecil dengan penuh kesadaran dan kemampuan sendiri adalah landasan kokoh dalam membangun nusa dan bangsa*

Call for Self-Sufficiency from the President of the Republic of Indonesia -- making the small family, which is aware and fully self-sufficient, part of our culture is a strong basis for the development of our nation and people

The message in this example uses a number of abstract nouns, *kemandirian* (self-sufficiency), *kesadaran* (awareness), and *kemampuan* (ability), which are long, in and of themselves, in addition to being terms more characteristic of very formal press or academic language than that of daily interaction. Similarly, the grammar of this message is complex and not easily understood. Its content and structure would be more common in academic discussions of development and make it awkward and quite inappropriate for use in a sign campaign.

Many of the messages in use, however, are short and catchy enough to stick in the memory. This appears to be the case with the common *Kebersihan sebagian dari iman*, Cleanliness is a part of faith, which could be recalled by everyone queried by the researcher. While this is clearly an imprecise measure, it does perhaps indicate that the message, which also carries important cultural significance, is phrased in a way that aids recall

by those who have seen it. Possibly its wording is appealing in a linguistic sense as well, making it easier or more likely to be remembered.

### 7.2.2 Emphasis on Positive Rewards

As discussed in Chapter VI, many of the health promotion messages in use in West Sumatra appeal to the public's sense of community and suggest that compliance with the behaviour in question is related to social acceptability. In this sense, an indication of positive rewards for the behaviour being promoted is given to the public.

Another type of reward for the desired behaviour is indicated as well by some of the campaigns in use. This is the reward of religious virtue. A number of messages, such as Example 36, *Kebersihan sebagian dari iman* (Cleanliness is a part of faith), and Example 34, *Iman dan takwa membentengi diri dari AIDS yang mematikan* (Religious faith and devotion provide protection from AIDS which is fatal) make use of strictly religious terms that relate to some of the most central concepts of Islam, the religion of the large majority of the province's population.

As discussed in Chapter IV, the profession of Islam is central to the Minangkabau concept of ethnic identity (Junus, 1971), and being perceived as knowledgeable about religion and rigorous in its practice are socially desirable characteristics for individuals in the community. As such, it may be the case that the linking of a health promotion goal to these important

religious concepts is perceived as an indication of a considerable reward, both in terms of community acceptance and in the religious sense.

In addition, for government employees there are currently very real monetary rewards associated with compliance with family planning goals. Civil servants receive a number of benefits for their spouse and children, including various subsidies, reduced school fees, salary additions and healthcare. With the exception of healthcare which is provided to every member of the family, the other benefits are available only for the first three children in the family. The employee is not penalised for subsequent children but does not receive additional benefits. It is possible that this policy has had some impact in encouraging civil servants to participate in family planning programs, but its actual effect is uncertain. It is also important to note that, for the many individuals who are not government employees, there is no similar incentive to limit family size.

### 7.2.2 Credibility

For the most part, the health promotion messages considered as part of this study would impress those who see them as credible. It is rare that negative consequences are conveyed, with most campaigns stressing the desired behaviour, supported, in some cases, by visual images that further impress its benefits, and shock tactics or 'grim reaper' formats are seldom used. Only one campaign observed during the course of this study did make use of this type of negative image, although a few milder negative messages were in use (an instance of this was Example 50, *Jangan kalah*

*bau parfum Anda dengan bau sampah di sekitar Anda*, Don't let the fragrance of your perfume be overwhelmed by the smell of garbage around you).

A large billboard carrying an anti-drugs message was observed in the market area of each of the large towns. Its message, Example 21 above, called for the public to 'Keep away from the danger of *drugs*' (*Hindarilah diri dari bahaya narkotika*). This in itself is not particularly notable, being fairly neutral in tone. The illustration that accompanied it, however, shows a dissolute and very unhealthy looking drug addict surrounded by empty liquor bottles, pills, and syringes with a 'Grim Reaper' image of Death hovering over him (see photograph in Appendix 1).

This illustration, in the context of West Sumatra, as well as in comparison to other visual images used in health promotion, appears extremely overdone and might be perceived as funny by the young people it is intended to target. While it cannot be denied that drug use does go on in West Sumatra, as well as elsewhere in Indonesia, the problem is not yet at the stage where drug addicts are visible in any aspect of daily life. The drug perceived to be the most common now is Ecstasy, whose use by the young and wealthy has been covered heavily by the press (see, for example, Gatra, 1997). Additionally, due no doubt in part to Islam's proscription of alcohol, liquor is only available in international hotels and even beer is stocked only by comparatively few larger stores and restaurants.

Overall, this anti-drugs sign is very inappropriate for the society in which it is located and provides very few, if any, points of reference to the community in which its target population lives. For this reason, it has little credibility in this context and would likely not be taken seriously by those who see it.

Nonetheless, it cannot be denied that signs themselves have a great deal of credibility in West Sumatra. As discussed above in Chapter VI, signs are symbols of legitimacy, and this would carry over to their content as well. Further, the government, its representatives and programs have a great deal of credibility in West Sumatra and Indonesia in general. While many Indonesians may have misgivings about specific individuals in government, there is very little cynicism about government as an institution. Most people firmly accept that government is in the public interest and programs or campaigns run by the government are legitimate, credible and desirable.

#### **7.2.4 Strong Emotional Response**

Most of the health promotion messages in use in West Sumatra are neutral in that they make a straightforward statement with little emotional content. One important exception, however, is Example 52 above, The prosperous family is the ideal of every *Bundo Kanduang* in Minangkabau (*Keluarga sejahtera adalah idaman para Bundo kanduang di Minangkabau*).



*Bundo Kanduang*, the true mother, is central to the Minangkabau world view and also represents the heart of society and the family. It is difficult to identify a figure that plays such a pivotal role in western society and hence would make a similar impact if used in a similar way. Individuals surveyed by the researcher all commented on how significant it appeared to them as well as on the depth of their emotional response to it. In this sense, the *Bundo Kanduang* campaign appears to be successful in evoking an emotional response.

Interestingly, this campaign is intended to encourage the use of family planning services, which is itself an emotional topic that may be resistant to change. Nonetheless, it is possible that linking it with *Bundo Kanduang* in this way might have the desired effect of changing attitudes toward large families and promoting the desirability of the *keluarga sejahtera*, or prosperous family. Because population issues are viewed as very important to Indonesia's future (Tjiptoherijanto and Soesetyo, 1994) and, for this reason, are also an area of great concern in health promotion in West Sumatra, this campaign may be a successful means of linking the desired goal with a central concept in the local culture that is both emotionally charged and deeply meaningful to the target population.

Other campaigns that engender a deep emotional response are those that use religious themes, particularly the concepts of *iman* (faith) and *ibadah* (religious observance). Islam, as it is understood in West Sumatra, holds

that anything one does to prevent injury or misfortune to others is a type of religious observance<sup>3</sup>. Behaviour of this kind is, of course, desirable in a religious sense and part of overall faith. For this reason, associating any type of behaviour with *ibadah* sends a very powerful message to those who see it that they would be acting in the public good by conforming to the desired behaviour and generates a very strong positive emotional response.

### 7.2.5 Use of Mnemonics

Many of the health promotion campaigns in use in West Sumatra make use of mnemonic devices that may serve to enhance recall of the messages in question. This technique has been discussed in the literature in relation to health promotion in particular, but also in connection with other types of promotional campaigns as well as in actual commercial advertising (see, for example, Dunn, 1969; Mandell, 1974; Wearne, 1985; and Vestergaard and Schroeder, 1985). Two mnemonic techniques have been used most commonly in West Sumatra. These are rhyming messages and slogans.

Several of the examples discussed in this study are actually rhyming jingles. These include Example 12 above for environmental health.

12. *Di mana air tergenang, di situ nyamuk bersarang, di sanalah penyakit datang*  
Where water is standing, mosquitoes will breed, and that's where disease will appear

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<sup>3</sup> For example, if you are walking along and see a thorn lying on the path and subsequently remove it so that others don't step on it and get hurt, this is *ibadah*, a religious observance, because it is something done specifically to protect the public good.

In this example, the three phrases of the message rhyme. It is considerably easier to make rhymes in Indonesian than in English, for example, due to the fact that a large number of words end in comparatively few sounds. This is in part a grammatical phenomenon; the structure of Indonesian makes use of a number of suffixes such as *-kan*, *-an* and *-nya* that have a range of grammatical functions (such as making nouns into verbs, forming abstract nouns, and so on).

Examples 2, 15, 19, 22 and 24 incorporate slogans.

2. *Kota bersih, Anda sehat*  
If the city is clean, you'll be healthy

15. *Sukseskan program keluarga berencana*  
Make family planning programs a success

19. *Lingkungan kerja terjaga, kesehatan kita terpelihara -- disiplin milik kita bersama, tegakkan, amalkan*  
If the work environment is cared for, our health will be, too -- discipline is for all of us, uphold it, exercise it

22. *Ayo ke Posyandu -- menjaga anak sehat tetap sehat*  
Let's go to the *Posyandu* -- keeping healthy children healthy

24. *Posyandu milik masyarakat -- diselenggarakan masyarakat dibantu petugas*  
*Posyandu* belong to the community -- run by the community with the assistance of healthcare personnel

Additionally, many messages that are not in themselves slogans are accompanied by the National Discipline Campaign slogan, *Disiplin milik kita bersama, tegakkan, amalkan*, Discipline is for all of us, uphold it, exercise it.

While there is little doubt that slogans and rhymes are easier to remember than many other types of message, it should be recalled that messages incorporating these techniques appear mostly on roadside signs and

banners. For individuals to realise that they are slogans or rhymes, they would have to read them. For this reason, it may be the case that such messages are not having the maximum effect they might have if they were disseminated to the public by another means. Jingles, for example, would most likely be more appealing and better retained if heard, rather than read. It is also possible to hear passively but not to read passively. So, for those members of the public who do make an effort to read these signs, it may in fact be the case that these messages make a greater impact than plain statements would. It is also interesting to note that Indonesian advertisers do not currently make much use of rhyming, puns, or alliteration in ads (although there are commercial slogans in use). This might also contribute to a sense of novelty these health promotion messages might have.

Nonetheless, the provincial Department of Information itself is wary of relying on slogans, albeit for a different reason, as a sign for the National Discipline Campaign (which also bears a slogan) indicates:

53. *Disiplin milik kita bersama -- jadikan disiplin sebagai kebutuhan, bukan hanya slogan atau ucapan saja*  
Discipline is for all of us -- make discipline a [daily] need, not just a slogan or catch phrase

#### 7.2.6 Use of Customised Messages

The extent to which many health promotion messages in use in West Sumatra have been customised for their target population, the Minangkabau people, has been discussed extensively in Chapter VI of this study and need not be repeated here. It is worth noting, however, that, while some campaigns do make use of messages and images that are

highly tailored to the characteristics of the population, there are also messages in use that are generic in nature and might apply to most populations in Indonesia. As discussed above, the current lack of research into the health situation of the community as well as its concerns make it difficult to judge whether these customised campaigns are directed toward the most pressing health issues the public faces.

One factor that may contribute to the perception in West Sumatra that there is no need for health promotion campaigns to target specific segments of the population may be the nature of the Indonesian and Minang languages spoken by the people of the region. Unlike most western languages, Indonesian and Minang do not differentiate genders in most grammatical classes of words. In other words, except for a small group of words that are gendered because of their inherent meaning (such as *ibu* 'mother', *bapak* 'father', *jantan*, 'male (for animals)', *betina*, 'female (for animals)', a number of other kinship terms and so on), there are few gender markers. The word *dia*, for example, means both 'he' as well as 'she'. Indonesian and Minang also lack levels that correspond to the social status of the interlocutors and would serve to indicate what subgroup was being addressed<sup>4</sup>.

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<sup>4</sup> While Minang and Indonesian lack linguistic levels, others of Indonesia's language possess them. Perhaps best known of these is Javanese, the first language of the majority of the nation's population. Javanese has three levels, each with divisions, whose use is determined by social context, status of the interlocutors, and subject of conversation (see Geertz, 1968).

Sociolinguists have long suggested that there is a relationship between language and perception and that the particular structures available in any given language can influence the views of its speakers and the way in which they express their thoughts<sup>5</sup>. For speakers of Indonesian and Minang, it may be the case that differences in gender and level are comparatively unimportant (as compared to other aspects of their languages). Nonetheless, it is the case that messages of the type under consideration here can be understood to address anyone in society to whom they apply. In other words, due to the characteristics of the language in which they are expressed, health promotion messages about occupational safety, for example, address anyone in an occupational setting, regardless of gender, age or social status. Similarly, messages concerning use of public health facilities, K3, or any of the other topics observed during this study can refer to anyone who sees them.

Additionally, it has frequently been noted in the literature that women in many societies have specific health needs that may not be met by available healthcare services (see, for example, Doyal, 1991; Pratt, 1991), but this is not perceived to be the case in West Sumatra. Due to their status in society and as the heads of household<sup>6</sup>, women are viewed as the primary

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<sup>5</sup> This principle was first proposed by linguist Edward Sapir and his student, Benjamin Whorf. This Whorf-Sapir hypothesis, as it is frequently referred to, combines the concepts of linguistic determinism (that language determines how its speakers think) and linguistic relativity (that distinctions that exists in any one language do not exist in any other). Today, most sociolinguists accept a version of this hypothesis, namely that whether or not language determines how its speakers think, it does affect how they perceive the world around them and express these perceptions (see Sapir, 1921; Crystal, 1997).

<sup>6</sup> This situation is clearly apparent in daily life. For example, at the present time, University of Tasmania runs an in-country language program for Australian university students in Padang, West Sumatra. When the program is supplied by the Indonesian

decision makers where health (as well as other things) is concerned. It is assumed, for example, that it will be women who attend *Posyandu* and make use of family planning services. It is for this reason that the illustrations that accompany many health promotion messages portray only women (Examples 22, 24, 25 and 52 for instance) or family groups with the mother centrally placed (such as Examples 34 and 38).

Because women enjoy this central position and function in Minangkabau society, their access to healthcare and decision making power for themselves and their children (as discussed in Chapter IV, men remain a member of their mother's family throughout life, while the children of a marriage are part of the mother's family) are likely to be quite different from that of women in other parts of Indonesia or elsewhere in the world where the community functions differently. In West Sumatra, however, women are not viewed as disadvantaged with respect to health, rather they are perceived to be the decision makers and main consumers of healthcare services and, for this reason, are not targeted by specific programs intended to fill unmet needs.

### **7.2.7 Reinforcement Through Personal Contact or Multiple Formats**

It is generally the case in West Sumatra that health promotion campaigns do not make use of personal contact in an organised way to supplement the various types of media use. Though it is the case that healthcare

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institution where the program is held with a list of host families with whom the Australian participants will be staying, the head of each household is always given as the

personnel are supposed to participate in health promotion as part of their job (Sukarni, 1994), in practice it is unlikely that many do much more than treat the patients they see. Personal contact of this type seems to occur more on an individual basis, depending in part perhaps on the personality of the healthcare worker involved. Some nurses, for example, do encourage the women they see at the *Puskesmas* to come to *Posyandu*, immunise their children, and so on, but others do not (Ansyar, 1996).

Multiple formats, however, are the norm of most of the health promotion campaigns observed during this study. The topics that appear on roadside signs are often covered in the provincial newspaper and, perhaps more importantly, are studied as part of Indonesian language lessons in every type of school. As a means of changing behaviour over the long term, the reinforcement of health promotion goals in this way may be a particularly effective strategy in West Sumatra.

As discussed in Chapter IV of this study, almost no one in West Sumatra speaks Indonesian as a first language. Children begin to be exposed to Indonesian through television and radio but only study the language formally when they start school. Not surprisingly, a great deal of attention is paid to the teaching of Indonesian at the elementary school level as the language must be mastered if a student is to succeed in the educational system. Indonesian remains a compulsory subject through grade 12, by

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wife. The husband is listed along with any children or other relatives in a column labelled 'Other Household Members'.



which time students are expected to have mastered all its varieties as well as to have developed the ability to read and write it fluently.

For this reason, teachers, parents and students themselves take Indonesian seriously as a school subject. As a result, this attention is also directed toward various health promotion materials that appear as part of Indonesian language texts. As children master the national language and learn to express themselves in it, they also learn the information, vocabulary and outlook toward health that is contained in their lessons. In time, it is to be expected that exposure to health promotion materials, as a vehicle for learning Indonesian, may also affect students' thinking about health because desirable attitudes have been conveyed to them in the context of expressing themselves in the language of the nation that they will have to use throughout their education and future career.

### 7.3 Discussion

The health promotion campaigns of West Sumatra conform in many ways to current principles of campaign and message design. Many of them show a good understanding of their audience, use customised messages, multiple channels, have realistic goals, and provide environmental support for the desired behaviour. Most of the messages in use are clear, straightforward, credible and emphasise positive rewards. Some also make use of mnemonics and evoke strong emotional response.

It is the case, however, that many of these desirable characteristics are not found consistently throughout the many campaigns observed during the course of this study. As discussed above, there are some campaigns, such as those for K3 and family planning, that make use of extremely tailored messages that refer directly to the culture, language and values of the population, while others, like those for occupational health, are generic in nature. Some campaigns, such as those for K3 and use of public health services, have been accompanied by adequate environmental support, while others, notably those for road safety, have not. A similar situation exists with respect to many aspects of message design as well.

Perhaps the most noticeable characteristic of the health promotion campaigns running in West Sumatra is the fact that they have been set up with very little research as a base (and at the time of this writing have not been evaluated formally). It was apparent during the field research for this study that those responsible for the design and implementation of health promotion activities in the province had very little information on which to base their decisions. Most of what was available was either anecdotal in nature or derived from data collected by healthcare units and reported to the Department of Health. It was also the case that no effort was made to monitor campaigns in progress. When the researcher attempted to find out how many health promotion signs were currently in place, where they were located and what issues their messages addressed, there was no one at any administrative level who had this information, and the researcher was told that such records were not kept.

What this means in practical terms is that, although the health promotion campaigns in West Sumatra conform to many generally accepted principles of health promotion and message design is good in many cases, they are run on an *ad hoc* basis without any means of knowing whether they are addressing issues of importance to the community and whether they are having any effect. There are campaigns that address issues that are of importance across Indonesia (such as family planning) as well as those that are perceived to be important in the province (such as use of public health facilities, road safety, K3, and environmental health), and it may well be the case that these are significant issues for the West Sumatran public despite the lack of research, as similar issues have been found to be of concern in other areas whose climate, physical environment and level of development are comparable (see, for example, Osteria and Sullivan, 1991). It is not possible to be certain that this is the case, however, because the specific characteristics of a society that must be taken into account in health promotion design may also affect the health concerns of the population. There are also campaigns in use that appear to be unnecessary. An example of this is the campaign to encourage breastfeeding, while in 1993 only 1.3% of all babies were never breastfed ( Kantor Statistik, 1994).

In other words, despite all the factors that make many of these health promotion campaigns appropriate for their target population and that might lead to success, some of the campaigns may be addressing issues that are not of concern in the community or where no need for the

campaign exists. Potentially more serious is the fact that there may be important health concerns that are not being addressed at all by health promotion because they are not recognised in the community. An example of this might be hepatitis B which seems (based on the researcher's anecdotal evidence<sup>7</sup>) to be shockingly prevalent in West Sumatra. Similarly, a lecturer in Padang remarked to the researcher that no one seems to retire from his university; they all die before reaching pensionable age. Again, without research of a type designed to identify health needs in the community, it is not possible to determine what issues really ought to be the topic of health promotion campaigns.

There is at present no way to identify health concerns that may be specific to one part of the province. For example, due to *merantau* and other social factors, public perceptions of the *darek* (highland region) and the traditional *rantau* (coastal areas) are quite different, their populations are likely to have different characteristics that relate to health as well, and quite possibly different health needs. Or, due to the very diverse occupational situation in the city of Padang located in the traditional *rantau*, occupational health and safety concerns would probably be unlike those of the *darek*, where much of the population is engaged, at least part of the time, in traditional agricultural practices. Similarly, it might be

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<sup>7</sup> It has been suggested that the incidence of hepatitis B is very high in Indonesia in general but actual levels are not known at this time. The researcher has observed that a large number of individuals, usually in their 40s and 50s and almost always male, have been seriously ill and have frequently died from this illness in West Sumatra. Many people in the community have commented on this as well, but there has been no epidemiological study done to determine the nature and cause of this situation or whether it is, in fact, a real phenomenon or merely an aberration. As things stand, it is not possible to do more than speculate.

expected that drug abuse would be of greater concern in Padang, due to its cosmopolitan nature and the concentration of wealth there, and perhaps in Bukittinggi (in the *darek*) because of its growing popularity as a tourist destination and hence exposure to influences from outside, while other provincial towns, such as Batusangkar and Padang Panjang, might be less affected.

Consideration of the topics of health promotion in West Sumatra points up an interesting question about the topics that are not currently addressed by these campaigns. One of these topics is smoking, which even a casual visitor to West Sumatra or other parts of Indonesia cannot fail to notice is a behaviour engaged in by almost all males. Most Indonesian men smoke, often beginning in their young teens and continuing throughout their life. Cigarettes, particularly the domestically produced *Kretek* that feature tobacco mixed with cloves, are inexpensive, and smoking is socially acceptable in virtually every situation<sup>8</sup>. Yet, even though it is now generally accepted among health professionals, that smoking contributes to or causes a wide range of illnesses and many anti-smoking campaigns have been put into place elsewhere in the world, this is a subject barely touched upon by the campaigns in West Sumatra.

Only one anti-smoking sign was observed during the course of this study, and it was located outside the office of the city level Department of Health

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<sup>8</sup> As air conditioning has become more common though, many Indonesians accept that smoking is not appropriate in such locations. This is more a courtesy to others because of the lack of ventilation, rather than a concern for health.

in Padang. Not part of a campaign, its message simply stated 'Smoking is forbidden in the environs of this Health Department Office' (*Dilarang merokok di lingkungan Kantor DKK ini*). Similarly, smoking is not touched upon in the health promotion materials included in Indonesian language textbooks, nor as part of newspaper campaigns. In this light, the sign outside the health department can be taken as an exception, perhaps intended to present the stand of health officials who recognise the dangers of smoking despite not addressing it in health promotion campaigns.

This raises the issue of public approval in relation to the topics (as opposed to the content) of health promotion messages. Public acceptance is required if campaigns are to have the desired effect (Egger et al., 1993). In the case of West Sumatra, the social function of smoking and the widespread occurrence of this behaviour means that campaigns against it would almost certainly not be well received by the public. There is very little public perception that smoking presents a health risk, and it is clearly enjoyable to many people. It is difficult to imagine that deeply rooted attitudes of this nature could be altered without accompanying changes in the nature of society (such as increasing the cost of cigarettes or taxing them, banning smoking in public places, and so on).

It is likely that there are other topics which are inadequately addressed or not touched upon by current health promotion campaigns in West Sumatra, either because it is perceived they are intractable at the present time (possibly the case with smoking) or because they have not been

recognised, due perhaps to a lack of available data as discussed above. Issues of this type, in addition to smoking, would certainly include drug abuse, for which a small-scale and inappropriately designed campaign has been used, and possibly AIDS, for which the one message in use is of high quality, particularly in combination with its highly significant illustration. In the case of AIDS, the use of the campaign only in selected tourist areas may give a false impression to those who see it that the disease is not a problem in the wider community. This may reflect a perception on the part of the Department of Health that AIDS is not (yet) a problem in West Sumatra, except possibly within limited parameters, despite evidence to the contrary (see Syafuddin, 1996).

Nonetheless, despite this lack of research in the areas the campaigns address as a basis for health promotion of West Sumatra, consideration of their design characteristics and the use that they make of cultural themes and linguistic factors provides important information that can serve as a starting point for health promotion campaigns for use in other locations. The implications of this study are considered in Chapter VIII.

#### **7.4 Summary**

This chapter considered the health promotion campaigns of West Sumatra in light of accepted principles of campaign and message design. The literature suggests that health promotion campaigns should be based on formative research, demonstrate an understanding of the audience, use customised messages, use multiple channels, have realistic goals and

provide environmental support for the campaign. Messages should be clear and simple, emphasise positive rewards, be credible, evoke a strong emotional response, use mnemonics, be customised, and be reinforced through personal contact or multiple formats. The campaigns described in Chapter V of this study were discussed in relation to each of these principles and were found to conform quite well to many of these, particularly in the extent to which their messages fit the target population. These campaigns were set up with almost no research basis, however, making it very difficult to judge whether they address important health issues in the community and whether there are other significant concerns that may be overlooked. This lack of research, as a basis for campaigns as well as to monitor their progress and evaluate their outcome, then, is the most serious shortcoming of health promotion in West Sumatra.



## CHAPTER VIII

### SUMMARY, CONCLUSIONS AND IMPLICATIONS

This chapter contains a summary of the study along with the conclusions drawn from its results and the implications for health promotion in West Sumatra, Indonesia and elsewhere.

#### 8.1 Summary

The purpose of this study was two fold. First, it set out to describe the nature of health promotion campaigns in the Indonesian province of West Sumatra with respect to the topics covered, the media used, the methods of dissemination and the specific nature of the messages themselves. Second, it attempted to analyse the cultural and sociolinguistic characteristics of these campaigns and evaluate their design in light of current principles of health promotion design. The health promotion campaigns running in three areas of the province were considered. These areas, representing the traditional divisions of *darek* and *rantau*, were the *kabupaten* of Tanah Datar, Agam and Padang Pariaman.

The data collected for this study were derived from several sources, including printed materials and publications and unstructured interviews with healthcare personnel, staff of the Department of Health and the Department of Information, and members of the public of various ages, levels of education, place of residence, occupation and gender. Data on the

numbers, topics and messages of roadside health promotion signs, banners and billboards were collected by the researcher through systematic canvassing of the study areas. Examples of health promotion materials contained in school texts were identified through systematic examination of Indonesian language textbooks used at all levels of education in West Sumatran schools.

The nature of health promotion campaigns in West Sumatra was described in detail in Chapter V. These campaigns are conducted through several media, including roadside signs and banners, newspaper advertisements and articles, and school textbooks in Indonesian language. The most prominent of these are roadside signs, banners and billboards which are visible along main roads, in marketplaces, and on public buildings throughout the province. Health promotion materials appearing in Indonesian language texts are also a source of wide exposure as this subject is required at every level of education in every school in West Sumatra, whether public or private. The topics of health promotion campaigns that were running during the period of this study include environmental health, K3 (cleanliness, orderliness and beauty), maternal and child health, immunisation, occupational safety and health, drug abuse, and AIDS prevention.

The design of health promotion messages and materials in West Sumatra has drawn to a great extent on the culture and values of the Minangkabau people who make up the majority of the province's population. Themes

related closely to the traditions and customs of the region, such as matriliney, *merantau* (out migration), and religion, have been incorporated into the campaigns along with generally accepted societal values to result in health promotion campaigns that are highly specific to the population they are intended to target. Additionally, languages that are used in West Sumatran society have been made use of in health promotion messages for their sociolinguistic value.

When considered in light of current thinking about the design of health promotion, the campaigns considered here were found to conform in many ways with accepted principles. They tend to show an understanding of their audience, use customised messages and multiple channels, have realistic goals, and often provide environmental support for the campaign in question. The design of individual messages is often very good in that clear and simple messages are used, positive rewards are usually emphasised, messages are generally credible and several evoke a strong emotional response. Many messages are highly tailored to the target population, and mnemonics are sometimes used to aid recall. While interpersonal contact to reinforce messages is not used systematically, most messages are disseminated in a variety of formats.

While it was found that these favourable aspects of West Sumatran health promotion are prominent (though not universally used in all campaigns), a major shortcoming was a lack of research, either specifically related to health promotion or to provide background information on health, that

could serve as a basis for such campaigns. In many cases, only anecdotal information combined with data available from healthcare facilities is available as a guide to what health issues ought to be addressed in the community. Similarly, campaigns had not been formally evaluated, nor were they monitored while in progress.

This lack of research for West Sumatra means that the health promotion campaigns in use at this time, no matter their quality and potential for success, may not address the most important health concerns of their target population. There may also be serious health issues that are not addressed at all. Also, as individual campaigns vary in the degree to which they make use of cultural and sociolinguistic factors that would likely improve their potential for success, it may be the case currently that the best campaigns do not address the most pressing issues, making for a waste of effort and possibly a serious lack of attention to real concerns. While it was beyond the scope of this study to consider whether the topics of health promotion in West Sumatra are indeed the ones most requiring attention in the form of health promotion, the availability of formative research as a basis for existing health promotion campaigns is an important issue in the context of campaign design which warrants its discussion as part of this study.

The findings of this study in relation to the use of cultural themes and sociolinguistic characteristics in health promotion campaigns provide useful information that is applicable to the design of health promotion

material for use in Indonesia as well as in other locations. The ways in which these findings might be used in other settings will be discussed below.

## 8.2 Conclusions

The findings of this study suggest that health promotion campaigns in West Sumatra conform in many ways to current principles of health promotion. A number of specific campaigns stand out as particularly good examples of the application of these principles and are worth considering briefly here in addition to some general characteristics of health promotion in the region.

Overall, health promotion efforts in West Sumatra demonstrate a good understanding of the population's characteristics and make use of many of these in campaign design. This effort is no doubt a result of the fact that many of the designers are from the province and are members of the Minangkabau ethnic group. Effective use has been made of available media, with the possible exception of radio, and messages are usually presented in multiple formats. There is room for additional environmental support in relation to specific campaigns, however, and the use of interpersonal contact might also be of benefit.

These campaigns contain a number of examples of excellent message design. One of these distinctive campaigns is for K3 that combines Arabic and Indonesian, taking advantage of the language domains that exist in

society and benefiting from the sociolinguistic role these languages play. The other is the *Bundo Kanduang* campaign to promote use of family planning services. By connecting the use of family planning with the most important figure in traditional Minangkabau society, this campaign links family planning goals and the deep emotional response engendered by this figure. These two campaigns are extremely good examples of how health promotion can be designed to fit with the cultural characteristics of the target population and use societal values and linguistic factors to support their goals. Similar examples are found in those campaigns that link the concepts of *iman* (faith) and *ibadah* (religious observance) with the aims of health promotion.

This level of design excellence is not shared by all campaigns in use, however, although it is important to note that most do show some cultural or linguistic sensitivity while the remainder are generally neutral. The one example of a poorly designed campaign for this context is that for drug abuse that contains almost no points of reference to the culture of the region.

One of the most serious shortcomings of health promotion efforts in West Sumatra, however, is the lack of formative research, or any other type of health related research, that can serve as a basis for campaigns of this type. Without such research, it is very difficult to determine whether health concerns addressed by health promotion campaigns are those most in need of this attention and whether there might other issues that have

been overlooked. The other serious shortcoming is the lack of formal evaluation at any stage of the campaigns. Under present circumstances, without evaluative measures, it is not possible to judge whether particular campaigns are having their desired effect on the community.

In the case of the two excellently designed campaigns noted above, for example, it is clear that K3 and family planning are considered to be of great importance in West Sumatra, and in Indonesia in general, in that they are viewed by various government institutions as vital for the nation's development. This may be a valid reason for health promotion in these areas, but it may also be the case that there are other issues that may be of greater significance to individuals in the community where health promotion campaigns of similar high quality might be needed. In other words, while need for health promotion based on policy may have a place in West Sumatra, the actual health needs of the community (in terms of morbidity and/or mortality) may be unaddressed, and this may in turn affect the state of health of some or all of the population. At the present time, though, it is not possible to do more than speculate about this.

One interesting question that arises from the findings of this study is whether campaigns making use of cultural themes and sociolinguistic factors will continue to be appropriate for use in West Sumatra. Culture, in whatever form, is always changing, and its norms shift constantly (Jenks, 1993). Those characteristics that any group uses to identify itself and which are associated with it by others may be stable over long periods but

may also change in a community's search for social meaning (Thwaites et al., 1994).

In the case of West Sumatra, while the content of culture, the images with important signified concepts and referents, may change, it is unlikely that the importance of the Minangkabau ethnic identity will lose in force. Indonesia's history suggests that ethnic associations have remained strong, despite the imposition of a unifying national language and overarching governmental structures in many fields since independence. The experiences of other culturally pluralistic societies have also demonstrated this phenomenon (Bochner, 1982).

It is likely, for example, that religion will remain an important theme in Minangkabau culture, as its value is extremely high in West Sumatra and national events in Indonesia continue to reinforce its status<sup>1</sup>. In the case of language use, while it is difficult to imagine that the role of Minang will change much, the relative importance of Indonesian may, and the nature of this change would likely be an increase in functional domain due to its

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<sup>1</sup> It has been suggested that Indonesia has undergone an Islamic revival in recent years that may be associated with a rise in fundamentalism observed around the world (Nash, 1991). Proponents of this theory often point to the appearance of the ICMI (Ikatan Cendekiawan Muslim Indonesia, Indonesian Association of Muslim Intellectuals) organisation, and the membership of prominent governmental figures in it, as a sign of this fundamentalist movement. Nonetheless, it should be recalled that, despite Islam being the religion of some 80% of the Indonesian people, the state philosophy of Pancasila clearly gives equal status to five religions professed by the population. These are Islam, Christianity, Hinduism, Buddhism, and traditional Javanese mysticism. Therefore, despite many prominent government figures, including the president, being Muslim, it would not be possible for other religions to be supplanted in Indonesia without a complete alteration of the basis of the state. It is also interesting to note that a high degree of religious tolerance is visible in daily affairs in Indonesia. Friendships and business relationships are not made along religious lines, and president Soeharto is frequently shown on television as he attends religious celebrations associated with all of the nation's faiths.



importance in so many spheres of activity. Arabic also might experience a change of this type, possibly a lessening in importance, but this seems unlikely due to its inseparability from Islam and its required use in religious observances. What may shift considerably though is the cultural significance of figures and values drawn from *adat*, although it seems likely that some themes from the heritage of the Minangkabau will always be current in West Sumatran society. In other words, there may come a time in the future when the cultural themes and sociolinguistic factors that are currently appropriate for use in health promotion will have to be replaced with others, but these others will likely be drawn from the same sources reflecting the cultural and linguistic norms of the day.

### 8.3 Implications

The findings of this study have a number of implications that may be of use in future health promotion design in West Sumatra and in Indonesia more generally, as well as elsewhere in the world. One of the most potentially useful of these relates to the use of linguistic techniques.

The literature about health promotion suggests that appropriate language use is an important consideration in campaign design (Ramirez et al., 1988; Braithwaite and Lythcott, 1989), and it has also been noted that inappropriate language use may lead to campaign failure (Dyak, 1992; Flavier, 1992). This is a particularly important point because most, if not all, health promotion campaigns will rely on some type of linguistic message that must be able to reach its target population.

A number of the campaigns discussed in this study combined different languages in use in the community, in this case, Indonesian, Minang and Arabic. These three languages occupy distinct domains within the community and have specific, predictable functions. A similar situation exists throughout Indonesia, in many other locations in Asia, as well as in other parts of the world. Many western nations are becoming increasingly multicultural and may have populations that rely on two or more languages for communication. Even in predominantly monolingual regions, like many parts of Australia, different codes, in the form of dialects and language styles, would be expected, and speakers are normally adept in shifting between the codes in use in their environment, just as bilinguals in West Sumatra are.

This study points up the way in which knowledge about these codes and their sociolinguistic role can be used in designing health promotion campaigns for maximum impact. People everywhere react to language, and this reaction can be positive, as it is in West Sumatra when Arabic is used. Knowledge of what code will generate a positive reaction in a given population can be used to produce a message where such perceptions might be carried over to the content of the campaign itself. In other words, because language is one of the things that affects the views and attitudes of an individual, language that is better accepted and that generates approval may result in better acceptance and approval of content as well. For this reason, then, there is a place for linguistic studies in the field of health

promotion. In particular, the application of sociolinguistic knowledge about a society is likely to be of benefit in designing messages that take advantage of the effects language can produce in its speakers.

As is the case with language, cultural factors specific to particular populations have been found to be important considerations in health promotion (Chng, 1984; Braithwaite and Lythcott, 1990; Hunkeler et al., 1990), and this is why campaigns generally cannot be readily transferred from one community to another with a likelihood of comparable success (Kreps and Kunitomo, 1994). The Minangkabau culture of interest in this study is matrilineal and derives many of its values and societal institutions from that tradition. In this way, it is unique in Indonesia and very unlike most other cultures in the world and hence its campaigns are even less likely to be applicable as is to other populations, despite the fact that many of the characteristics of their design and messages could serve as a model for other locations.

Nonetheless, the findings of this study suggest that there are certain types of cultural element that can be effectively made use of in health promotion design, although their specific nature would have been determined to fit the target population of interest. For example, by considering the traditional values a community holds, it may be possible to refer to some of them in health promotion messages, making societal acceptance or approval the reward for the behaviour being promoted.

One of the difficulties in studying a culture, such as that of the Minangkabau, that does not have a tradition of written literature in its native language or that is located in a region where previous research upon which to build is limited is that it may be difficult to identify such values that may be of use in health promotion. This study provides a model whereby traditional literature (which is often oral) in the form of proverbs, sayings and adages is used to identify the predominant values of the society. Because literature of this type has been maintained for generations, its very existence suggests that it is still relevant in the social context of the community.

Some of the campaigns studied here made use of religion as a theme. Profession of Islam is central to the Minangkabau ethnic identity, and religious observance is viewed as a very desirable personal attribute, which contribute to the value of these messages in the community. This suggests that religion might be an appropriate theme for health promotion messages in some communities and could merit serious consideration in design. It must be noted, however, that different populations are likely to have different views on the appropriateness of religious precepts being used in this way. In some cultures, religion is viewed as strictly personal and might be taken to be distasteful or blasphemous if used in this way. Elsewhere, religion may not play as important a role in the lives of individuals and hence would not carry the same social value it does in West Sumatra. In still other places, it simply may not be possible to make

use of religion in publicly sponsored campaigns due to constitutional restrictions<sup>2</sup>. In Indonesia, however, an attitude of tolerance and openness toward religion prevails in most areas, and religious study is required in public schools. For this reason, use of the five religions endorsed by Pancasila, the state philosophy, might be very appropriate in health promotion in particular parts of Indonesia.

A number of campaigns in this study made use of symbols and figures from the *adat* (traditional law and customs) of the Minangkabau people, and this is a technique that might have applications elsewhere as well. While it is likely that many cultures do not have figures comparable in status to *Bundo Kanduang* discussed extensively here, it is probably the case that the heritage of many places would be able to provide themes that could be used in health promotion. Certainly, each of the many cultures of Indonesian ethnic groups has its own institutions and customs that should be considered in the design of health promotion for their society.

As contained in the literature (Erikson, 1990; Osteria and Sullivan, 1991; Backer et al., 1992), the findings of this study stress the importance of cultural and linguistic knowledge in designing health promotion that is tailored to the characteristics of the population it targets. In the case of West Sumatra, firsthand knowledge of the specific characteristics of the target population was available to the designers of the campaigns because they themselves were members of the target population. This situation

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<sup>2</sup>This might be the case in the United States, for example, where separation of church and

may not always be possible, but certainly those responsible for campaign design need an excellent, in depth understanding of the target population, particularly in a location like West Sumatra where the interaction of linguistic domains is complex and traditional culture is strongly adhered to. It is to be expected that designers with this kind of knowledge would be able to better assess the impact particular messages would have on the target population. Without this understanding, campaigns for populations of this kind might be ignored at best but could possibly be perceived as offensive or objectionable.

This study made use of a Saussurian framework to identify the cultural and linguistic signified and referent concepts that might be perceived by those who viewed the West Sumatran campaigns. This type of approach has been used to study a range of cultural and literary phenomena (Kittay, 1984; Thwaites et al., 1994). It is important to note, though, that this Saussurian approach might also be applied in the design of health promotion campaigns to help structure the cultural and linguistic knowledge discussed above.

For example, any proposed message or visual image intended for use alone or to accompany it could be broken down into its key elements and assessed for significance and references in the social context in which it was to be used. While this process may be what goes on in the human brain when an individual searches for ideas, there might be advantages to

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state would not permit religious references in any publicly sponsored or endorsed campaign.

considering it as a formal process. If each key word or image that could be used is considered separately in these terms, it would allow for the best combination to be chosen in light of the ultimate goal of the campaign and, in this way, allow for a kind of advance assessment before the campaign is trialed. This method would also provide a means to consider alternative meanings that terms or images might have that might not have been immediately apparent and hence minimise the possibility of unintended reaction to the campaign on the part of the target population.

Additionally, the findings of this study suggest a number of avenues for further research. Little is known about the overall health status of communities like the Minangkabau of West Sumatra, for example, and almost no research findings are available on their perceptions of health and illness. It is likely that a similar situation exists with respect to many other population groups around the world. Information of this type would be of great value in providing healthcare for these groups, both within their region of origin as well as when they are found as minority communities living elsewhere. Health promotion, as an important facet of overall health services, would also benefit greatly from information of this type which could be used, in combination with linguistic and cultural knowledge, to design, plan, and execute campaigns with a likelihood of success.

On a more general level, the findings of this study suggest a need for further work on health promotion and health related behaviour in non-

western cultures. For health promotion campaigns to be successful, reliable information is needed about the perceptions and views of specific communities in relation to health issues deemed important within those communities, but a majority of the campaigns described and evaluated in the literature have taken place in western nations. It is unclear whether and to what extent the factors and conditions at work in these societies apply to non-western ones and whether there are other, as yet unstudied factors that may be of importance. This is an issue that may affect not only the governments and health care systems of nations like Indonesia, but also those of western nations as their populations become increasingly multiethnic, multilingual and multicultural.

#### **8.4 Contribution to Research**

The major contribution to research made by this study is that it demonstrates the way in which linguistics and cultural studies can be used to assess the characteristics of health promotion campaigns and their relationship to the target population. While the need for culturally sensitive and linguistically appropriate campaigns has frequently been cited in the literature, identifying the means for determining whether health promotion efforts conform to these requirements has been less straightforward.

This study shows the value of applying sociolinguistic knowledge and principles of cultural study as a method for determining how campaigns and messages are likely to be perceived by their target population and for



suggesting specific themes that might be most meaningful if used in campaign and message design. This study clearly demonstrates that they can provide valuable information with a broad application within the field.

Specifically, this study suggests that understanding of the language domains within a community can be used to determine what type of language would be appropriate for use in a health promotion campaign in terms of its acceptability to the target population and its connotations within society. Because a whole range of perceptions and attitudes, including those relating to health, may be affected by language, language style, and norms of language use, a sociolinguistic understanding of the target population can insure that health promotion efforts are indeed presented in a way that is acceptable as well as linguistically sensitive.

Additionally, this study can serve as a model for considering health promotion design in a multilingual society. Its methods could also be adapted for use in a multicultural community where each separate cultural strain would have to be considered. Similarly, the characteristics of health promotion in use or to be used in an area that is both multicultural and multilingual could be elucidated within this framework. By identifying the key cultural themes of a target population, it is possible to assess their impact when used in connection with health promotion. In this study, this method was used to consider existing campaigns. The same procedure can be used in advance, however, during

the design stage to determine the most significant concepts in a specific culture and then to present them in a way most likely to generate a positive reaction in the target population. A model of this type would be particularly useful for considering health promotion campaigns elsewhere in Indonesia as well as in many of the developing nations of the world and perhaps in those multicultural and multilingual parts of the west.

To this end, this study suggests a number of questions that can serve as a framework for identifying the information necessary to best design culturally and linguistically appropriate messages and campaigns. Although language and culture are interrelated, with each affecting the other, they are two separate features of any society, and for this reason are best considered individually in the first instance.

The language situation of a target population can be defined within the following framework:

1. What languages(s) are used by members of the target population? In a monolingual society, what dialects or language styles are in use?
2. What are the functional domains of these languages? When are they used? Why? What does use of particular languages or language styles mean?
3. What kind of subjects or institutions are associated with particular languages or language styles?
4. What is the community's attitude toward particular languages or language styles? Are there prestige languages or stigmatised languages?
5. What are the grammatical or syntactical characteristics of particular languages that could be used in message design?
6. Is word play common among speakers of a particular language? What is it like?
7. How are commands and suggestions expressed in the languages of the community?
8. Are there any levels of language that have to be taken into consideration?
9. Are there any expressions or figures of speech associated with health, either explicitly or implicitly?
10. What is the status of written vs oral tradition which may have implications for message form?

Similarly, the cultural context of the target population can be elucidated as follows:

1. How many cultures are represented in the target population?
2. What cultures are represented in the community as a whole? What is the relationship of the culture of the target population to the rest of the community?
3. Is the culture of the target population also associated with use of a particular language(s) or language style?
4. Is the culture of the target population also associated with a particular religion or other distinguishing features?
5. Are the language, religion and distinguishing features of the target population shared by other segments of the community?
6. What are the currently held values of the target population?
7. Are there traditional institutions, leaders and activities associated with the target population?
8. How are such traditional institutions, leaders and activities viewed by members of the target population?
9. How important is group identity within the target population?
10. Are the cultural characteristics of the target population stable? What kinds of cultural shift can be observed in the community?

Use of these questions as a framework can identify the aspects of language and culture of a target population that can be used in health promotion design. It is important to note that, for some language communities, a

great deal of sociolinguistic information has been published and may be of great value. It is always necessary to consider the age of such data, however, as language use changes constantly in accordance with the needs of its users. Also, sociolinguistic research may only relate to one portion of a community or one type of speaker. Similarly, it must be kept in mind that the same language spoken in different locations may have different domains and different connotations within a society.

Unlike the linguistic situation which may be well studied, the kind of cultural information likely to be of use in health promotion design may not be readily available. It may have to be gleaned from personal knowledge and understanding of the society in question. For this reason, study of the press and media reports, various forms of popular culture and personal contacts may be very valuable in developing a comprehensive understanding of the culture of the target population. As was the case in this study, literary sources, traditional or modern, may be very useful to this end.

Finally, this study, in the context of health promotion, generated a great deal of information about the linguistic and cultural characteristics of the Minangkabau people of West Sumatra. This data would be of use in many types of future research involving the region, including but not limited to health promotion, and helps to redress the lack of detailed background material available on the nature of Minangkabau society today.

## GLOSSARY

This glossary provides definitions for the non-English words, phrases, and terms used in the text of this study. Specific health promotion messages that were presented as examples along with their translation in Chapter V are not included here. The abbreviations shown in parentheses following each entry below indicate the language of the entry: Mk. (Minangkabau), Ind. (Indonesian), Ar. (words of Arabic origin used in either Mk. or Ind.), D. (Dutch).

**adat** (Ind.) - traditional law and customs

**alam takambang jadi guru** (Mk.) - let nature be your teacher; basic principle of the Minangkabau value system

**alat KB lengkap** (Ind.) - complete contraceptive supplies

**alim ulama** (Ar.) - religious scholars

**apotek** (Ind.) - pharmacy

**assalamu alaikum** (Ar.) - peace be with you; greeting used when entering a home, meeting someone, speaking on the telephone, etc.

**astaga** (Ar.) - short form of **astaghfirullah**, God have mercy, exclamation of surprise

**awak** (Mk.) - we, us, our

**bahaso awak** (Mk.) - our language, ie. the Minangkabau language

**bismillah** (Ar.) - by God's name; said before doing any work

**BKKBN** (Ind.) - **Badan Koordinasi Keluarga Berencana Nasional**; National Coordinating Body for Family Planning

**Bundo Kanduang** (Mk.) - the true (ideal) mother

**bupati** (Ind.) - administrative head of a kabupaten (regency)

**cadiak pandai** (Mk.) - intellectuals

**camat** (Ind.) - administrative head of a kecamatan (district)

**darek** (Mk.) - the heartland of the area occupied by the Minangkabau people

- Depag** (Ind.) - **Departemen Agama**; Department of Religion
- Depdikbud** (Ind.) - **Departemen Pendidikan dan Kebudayaan**; Department of Education and Culture
- Depnaker** (Ind.) - **Departemen Tenaga Kerja**; Department of Labour
- Deppen** (Ind.) - **Departemen Penerangan**; Department of Information
- dukun** (Ind., Mk.) - traditional healer
- GBHN** (Ind.) - **Garis-garis Besar Haluan Negara**; Guidelines for the Direction of the Nation
- Gerakan Disiplin Nasional** (Ind.) - National Discipline Movement
- gurindam** (Ind.) - two line rhyming verse
- hadith** (Ar.) - the collected sayings of the Prophet Muhammad
- ibadah** (Ar.) - actions and practices as an expression of religious observance
- IKIP** (Ind.) - **Institut Keguruan dan Ilmu Pendidikan**; Institute of Education and Teacher Training
- iman** (Ar.) - faith
- isi** (Ind. Mk.) - content; third and fourth line of the rhyming quatrains called *pantun* that contain the message of the verse
- jamu** (ind.) - traditional tonics used for preventive or therapeutic purposes
- Jumat bersih** (Ind.) - clean Friday
- kabupaten** (Ind.) - administrative area usually defined as regency, see Appendix 5
- kader** (Ind.) - layperson trained to run Posyandu
- kamanakan** (Mk.) - a man's niece/nephew, here specifically maternal, ie. the children of the man's sisters
- kami** (Ind.) - we, us (not including the listener)
- Kanwil** (Ind.) - **Kantor Wilayah**; regional office

**kebersihan** (Ind.) - cleanliness

**kecamatan** (Ind.) - administrative area usually defined as district, see Appendix 5

**keindahan** (Ind.) - beauty

**keluarga berencana** (Ind.) - family planning

**keluarga prasejahtera** (Ind.) - pre-prosperous family; term used by BKKBN

**keluarga sejahtera** (Ind.) -prosperous family; term used by BKKBN

**kesehatan masyarakat** (Ind.) - public health

**ketertiban** (Ind.) - orderliness

**kita** (Ind.) - we, us (including the listener)

**kompeni** (Mk.) - company; refers specifically to the Verendige Ost-Indische Compagnie, or VOC

**kopiah** (Ind.) - type of velvet hat worn by Muslim men

**langgar** (Ind.) - small prayerhouse

**lingkaran biru** (Ind.) - blue ring; term used by BKKBN, a sign used to identify location where family planning services can be obtained

**lingkaran emas** (Ind.) - gold ring; term used by BKKBN, a sign used to identify location where more comprehensive family planning services can be obtained

**luhak nan tigo** (Mk.) - three areas within the darek, coinciding with current *kabupatens* of Agam, Tanah Datar and Lima Puluh Kota, believed to be the original home of the Minangkabau people

**lurah** (Ind.) - administrative head of a village

**mamak** (Mk.) - maternal uncle

**merantau** (Ind.) - Minangkabau practice of migration by young men to other regions to work or for other reasons before returning home to settle

**Muhammadiyah** (Ind.) - modern Muslim organization in Indonesia committed to furthering education and social good



**mukena** (Ind.) - white garment covering the head and body worn by Muslim women while praying

**musholla** (Ind.) - prayerhouse, same as **langgar**

**niniak mamak** (Mk.) - traditional leaders

**Pancasila** (Ind.) - Five Principles, guiding philosophy of the Indonesian state

**panggadaian** (Mk.) - practice of raising funds using the rights to land use as a guarantee

**panghulu** (Mk.) - traditional community leader

**pantun** (Ind., Mk.) - rhyming quatrain whose final two lines contain some message or advice

**Pekan Imunisasi Nasional** (Ind.) National Immunisation Week

**perantau** (Ind.) - person who leaves his place of origin to work or for other reasons

**Polda** (Ind.) - **Kepolisian Daerah**; Regional Police

**Posyandu** (Ind.) - **Pos Pelayanan Terpadu**; Coordinated Services Post

**pramuka** (Ind.) - boy or girl scouts

**pusat kesehatan masyarakat** (Ind.) - public health centre

**Puskesmas** (Ind.) - **Pusat Kesehatan Masyarakat**; public health centre

**Puskesmas pembantu** (Ind.) - auxiliary health centre

**Quran** (Ar.) - holy book of Islam

**Rakernas** (Ind.) - **Rapat Kerja Nasional**; National Working Meeting

**Ramadan** (Ar.) - month in the Islamic calendar when Muslims fast during daylight hours

**Ranah Minang** (Mk.) - term referring to the traditional Minangkabau homeland

**rantau** (Mk.) - term referring to the region outside the traditional Minangkabau homeland

**Repelita** (Ind.) - **Rencana Pembangunan Lima Tahun**; Five-Year Development Plan

**rumah gadang** (Mk.) - traditional Minangkabau house with buffalo horn-shaped roof housing the extended matrilineal family

**samandai** (Mk.) - originating from the same mother; term referring to the Minangkabau nuclear family

**sampiran** (Ind.) - first two lines of a pantun

**sapariuak** (Mk.) - eating from the same cooking pot; term referring to the Minangkabau nuclear family

**saparuik** (Mk.) - originating from one female ancestor; term referring to the Minangkabau extended family

**SD** (Ind.) - **sekolah dasar**; primary school

**Sistem Kesehatan Nasional** (Ind.) - National Health System

**SLA** (Ind.) - **sekolah lanjutan atas**; senior high school

**SLP** (Ind.) - **sekolah lanjutan pertama**; junior high school

**suku** (Ind., Mk.) - clan

**sumando** (Mk.) - term referring to a man by his wife's family

**Sumbar** (Ind.) Sumatera Barat; West Sumatra

**Tingkat I** (Ind.) - Indonesian administrative level corresponding to the province, see Appendix 5

**Tingkat II** (Ind.) - Indonesian administrative level corresponding to the *kabupaten*, see Appendix 5

**toko obat** (Ind.) - drug store

**urang awak** (Mk.) - the Minangkabau people

**VOC** (D.) - **Verendige Ost-Indische Compagnie**; company set up by the government of the Netherlands to handle products produced in pre-independence Indonesia and run Dutch colonial administration

## APPENDIX 1

### HEALTH PROMOTION SIGNS, BILLBOARDS, AND BANNERS IN WEST SUMATRA

This appendix contains examples of the roadside signs, banners, and billboards that are used as part of health promotion campaigns in West Sumatra. For each example, a translation of the message is provided as is the location, sponsor and any other relevant information. There are 52 messages of this type referred to in the text of this study. The example numbers used here do not correspond to those used in the chapters. The examples presented here are intended to exemplify the types and positioning of health promotion signs, not to provide a complete catalogue of all signs used. Photographs of these signs follow the explanatory text below.

**Example 1** -- Bus shelter, outside the Harbour Administrator's Office, Teluk Bayur, Padang, West Sumatra

Original text: *Budayakan K3 untuk meningkatkan produktifitas kerja*

Translation: Make K3 part of our culture in order to improve workplace productivity.

Sponsor: PT Tambang Batubara Bukit Asam, a coal mining company.

Notes: This message carries the logo of the sponsoring company, PT Bukit Asam, but it also has a small buffalo horn-shaped roof complete with silver tracings and the symbol of the provincial government. To those who see this K3 message, the traditional Minangkabau roof indicates that the message applies to and is for the Minangkabau people and the region where they live. The symbol of the provincial government serves to emphasise that health promotion is an initiative of the regional authorities.

**Example 2** -- Billboard, Air Mancur Marketplace, Lembah Anai, West Sumatra

Original text: *Ayo ke Posyandu -- menjaga anak sehat tetap sehat*

Translation: Let's go to the Posyandu -- keeping healthy children healthy.

Notes: This billboard incorporates a number of symbols that make it more meaningful to the West Sumatran public than its message alone suggests. The traditional house in the background places the message as applying to West Sumatra and its people. The three men in the foreground, in various types of traditional costume, represent the three groups required for

Minangkabau society to function smoothly: religious leaders, traditional leaders, and intellectuals. The use of these figures indicates that the campaign has been sanctioned by these groups and has been accepted as being of benefit to the community as a whole. The mother and small children pictured serve to remind those who see this sign that the main purpose of Posyandu is to provide information and services related to maternal and child health. The notation in the lower right corner of the billboard indicate that it was placed by the provincial Department of Health as part of its 1990/91 Public Health Project.

### **Example 3 -- Sign, marketplace, Batusangkar, West Sumatra**

Original text: *Kebersihan itu sebahagian dari iman. Membuang sampah di sembarang tempat merupakan malapetaka bagi kita*

Translation: Cleanliness is a part of faith. Throwing garbage away indiscriminately is a disaster for all of us.

Sponsor: None

Notes: This sign is one of a series that uses a quotation from the Hadith, the collected sayings of the Prophet Mohammad, along with a translation in Indonesian and an additional message in Indonesian about K3. This particular sign contains an error in the Arabic text, as described in Chapter V of this study. This indicates that the Arabic quote serves to increase the authority and meaningfulness of the campaign regardless of what it actually says. Further, it suggests that the use of Arabic is what is meaningful to those who see the sign, not whether the Arabic is accurate or even understood by a majority of passers-by.

### **Example 4 -- Sign, highway, Lubuk Alung, West Sumatra**

Original text: *Keluarga sejahtera adalah idaman para Bundo Kanduang di Minangkabau*

Translation: The prosperous family is the ideal of all the Bundo Kanduang in West Sumatra.

Notes: This sign was placed by BKKBN, the national family planning body, as indicated by the blue logo in the lower left corner and the gold ring of family planning in the lower right. The illustration of two women wearing the traditional red, buffalo horn-shaped headpieces and the message reference to Bundo Kanduang, the true or ideal mother, make a very strong statement to the Minangkabau community. Because the status of Bundo Kanduang as a

leader in the community is revered and may be aspired to by all women, the association of this role with the goals of BKKBN may serve as a powerful inducement to participate in family planning programs.

**Example 5 -- Mural, Dr Achmad Mochtar Hospital, Bukittinggi, West Sumatra**

Original text:

Baby: *Eh, alun tau baraso aden alah baimunisasi.*

Germes and viruses: *Ha...ikonyo nan sabana temok! Iko raso ka lamak bana dek awak.*

Caption: *Imunisasi memberikan kekebalan tubuh pada balita terhadap penyakit*

Translation:

Baby: I've never had any immunisations.

Germes and Viruses: This one is really healthy! This is going to be fun!

Caption: Immunisation protects your young child from disease.

Notes: In this mural, the germes and viruses, represented by black monsters, and the baby speak and think in Minangkabau. The caption below the picture is in Indonesian however. The next panel shows the baby being defended by DPT, BCG, measles and polio immunisations who also speak in Minangkabau. This use of two languages mirrors the language domains that exist in the West Sumatran community. People think and speak in Minangkabau most of the time, but official media and information use Indonesian. Use of this technique in health promotion puts a lighter tone on a serious message but may also serve to make the whole mural more and familiar and meaningful to those who see it.

**Example 6 -- Sign, outside the Indah Movie Theatre, Jl S Parman, Ulak Karang, Padang**

Original text: *Memakai helm dengan baik menghindari malapetaka di jalan raya dan merupakan ibadah bagi yang melaksanakannya*

Translation: Wearing a [motorcycle] helmet in the proper way prevents disaster on the highway and is a religious observance for those who do it.

Sponsor: Bank Central Asia

Notes: The use of the term *ibadah*, religious observance, in this message very strongly connects the behaviour being promoted, wearing a helmet when riding a motorcycle, with desirable religious conduct. *Ibadah* is usually associated with those activities specifically religious in nature, such as praying at the appropriate times or fasting during the fasting month. Its use here may make this health promotion message more meaningful to those who see it.

**Example 7** -- Billboard, marketplace, Maninjau, West Sumatra

Original text: *Iman dan takwa membentengi diri dari AIDS yang mematikan*

Translation: Faith and devotion protect you from AIDS which is fatal.

Notes: This billboard is located in the marketplace of the town of Maninjau, near Bukittinggi, which is increasing in popularity as a tourist destination. This is the one message about AIDS that is currently in use. The picture that accompanies the message combines two very strong metaphors: that of the mosque and that of the traditional Minangkabau house in the background.

**Example 8** -- Billboard, outside Gedung Nasional [National Hall], Batusangkar, West Sumatra

Original text: *Posyandu milik masyarakat. Diselenggarakan oleh masyarakat dibantu petugas.*

Translation: Posyandu belong to the public -- run by the public assisted by [healthcare] officials.

Notes: The slogan 'Posyandu belong to the public' is frequently in health promotion. This sign portrays various Posyandu activities where the participation of the public is suggested by the traditionally dressed women who appear in the illustration. This contrasts with the uniformed Puskesmas officials who are shown providing assistance and information.

**Example 9** -- Billboard, intersection of Jl Veteran, Jl Diponegoro and Jl A Yani, Padang, West Sumatra

Original text: *Kota bersih, Anda sehat, ingat bayar PBB*

Translation: The city is clean, you are healthy, remember to pay your Land and Property Tax.

Notes: This message is located at a very busy intersection just outside the main market in Padang, at a corner most inter and intra city buses have to pass. In addition to the advertisements posted at this intersection, there is a smaller health promotion message just above the L K T sign (an advertisement for a secretarial course) posted over the striped police post. It reads: *Ingat sepeda motor, ingat helm* (Think of your motorcycle, think of your helmet).

#### **Example 10 -- Billboard, marketplace, Padang Panjang, West Sumatra**

Original text: *Hindarilah diri Anda dari bahaya narkoba*

Translation: Keep away from the danger of narcotics.

Notes: This health promotion message is the only one in use that concerns drug abuse. It is also the only current campaign to use a "Grim Reaper" approach.

#### **Example 11 -- Sign, Jl Khatib Suleiman, Padang, West Sumatra**

Original text: 1. *Sukseskan Gerakan Disiplin Nasional -- Pengembangan budaya tertib, bersih dan kerja keras adalah wujud pengamalan disiplin nasional*

2. *Dengan keluarga kecil kita bangun keluarga sejahtera*

Translation: 1. Make the National Discipline Campaign a success -- the development of a culture of cleanliness, orderliness, and hard work is the realisation of National Discipline.

2. With small families we make prosperous families.

Sponsor: BKKBN

Notes: These banners are located at a busy corner along a major route into and out of the city. They are situated across the street from the provincial House of representative and next to the provincial Department of Public Works. Sign 1 also bears the name of Indonesia's president and the date on which he officially opened the National Discipline Campaign. Sign 2 makes use of the common BKKBN catch phrase *keluarga sejahtera* (prosperous family), which refers to a family consisting of two children and two parents.

**Example 12** -- Sign, Jl Khatib Suleiman, Padang, West Sumatra

Original text: *Lindungi bayi Anda dari ancaman penyakit dengan imunisasi*

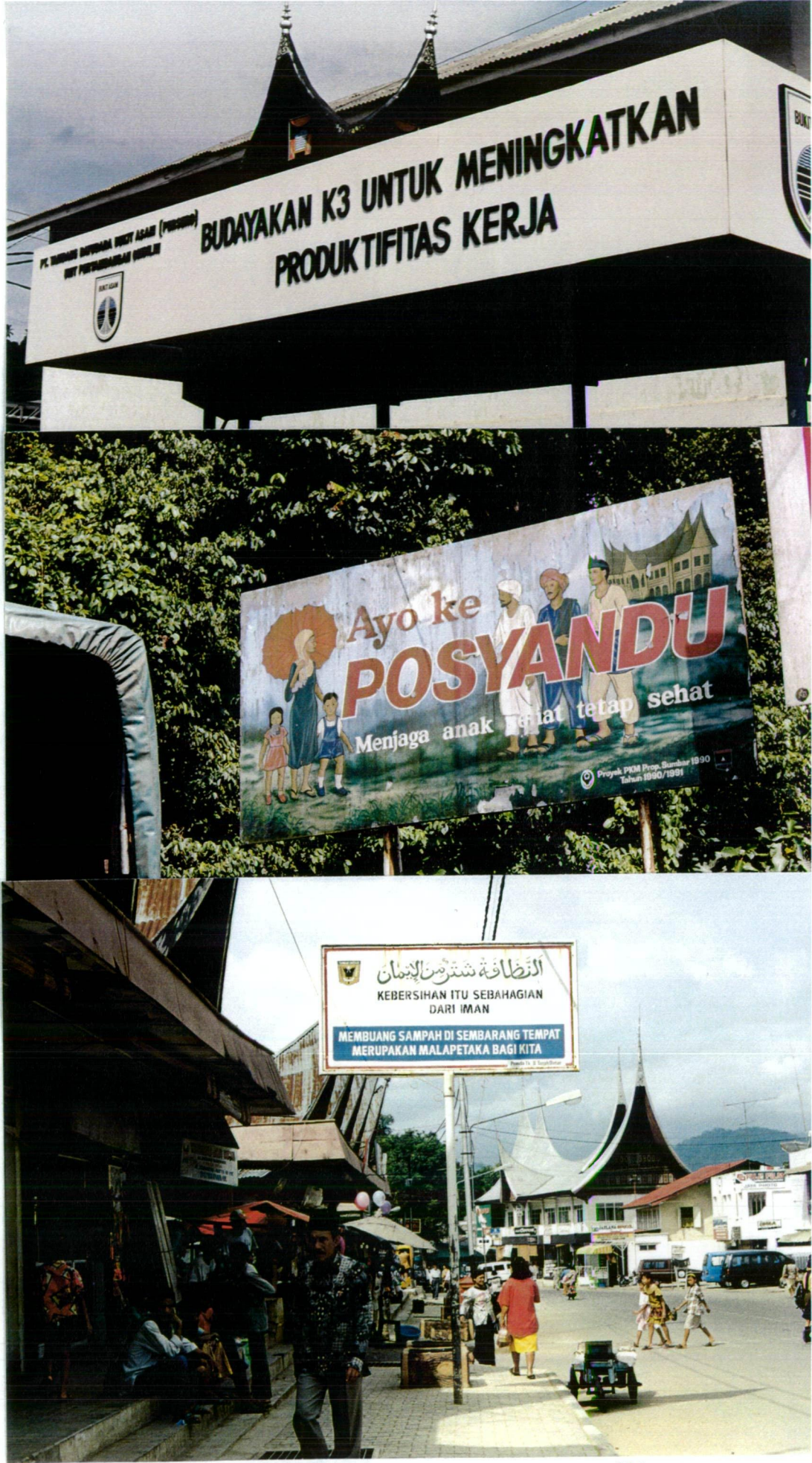
Translation: Rid the world of polio by the year 2000 through use of the polio vaccine

Sponsor: provincial government and Promina, producer of baby food

Notes: This sign has been given a representation of the buffalo horn-shaped roof seen on traditional houses and buildings. This technique, used also in architecture where new buildings are made with traditional shape roofs, serves to emphasise that the message is for the Minangkabau people and draws upon or reinforces Minangkabau culture.



Examples 1-3









Examples 7-9





Examples 10-12



## APPENDIX 2

### HEALTH PROMOTION IN PROVINCIAL NEWSPAPERS

This appendix contains examples of health promotion advertisements and cartoons that are characteristic of those that appear in the provincial newspapers of West Sumatra. A translation of the text of each example is provided as are explanatory notes where required. The reproduction of these examples follows the explanatory text below.

#### **Example 1** -- advertisement, Singgalang newspaper, 4 July 1994, page 5

Translation:

Why does your family need the "Blue Ring" of family planning?

To fulfill your family planning needs, privately and in a way that [allows you to be] self-sufficient.

Family planning is necessary for every family: the number of children, the time between two pregnancies, the most appropriate form of contraception. . . For every service and need related to family planning, just come to a place displaying the "Blue Ring", or to the office of a doctor or midwife. They will be happy to provide you with the family planning information and services you need privately and in a way that [allows you to be] self-sufficient.

The "Blue Ring" of family planning. For family planning information and services that are private and [allow you to be] self-sufficient.

Notes: The "Blue Ring" is one of BKKBN's symbols that indicates the availability of family planning services and supplies. It is visible throughout West Sumatra on signs, in advertisements and stencilled on walls and buildings, particularly in rural areas.

#### **Example 2** -- advertisement, Haluan newspaper, 30 June 1994, page 12

Translation:

AIDS -- it is not impossible it will affect your family.

Find out its causes and know its symptoms, so that you will know how to avoid it before it destroys your family's happiness.

"Prosperous Family" workers, family planning field workers and Puskesmas staff are ready to explain and answer your questions about AIDS.

The prosperous family is aware [of the danger of] AIDS.

Notes: This advertisement appeared in connection with National Family Day, which was celebrated on 29 June 1995, and was placed in the newspaper jointly by the Office of the State Minister for Population and the National Coordinating Body for Family Planning (BKKBN). The term "Prosperous Family" is frequently used to refer to a small family that makes use of family planning services provided by BKKBN.

**Example 3** -- cartoon, Haluan newspaper, 17 September 1995, page 1

Translation:

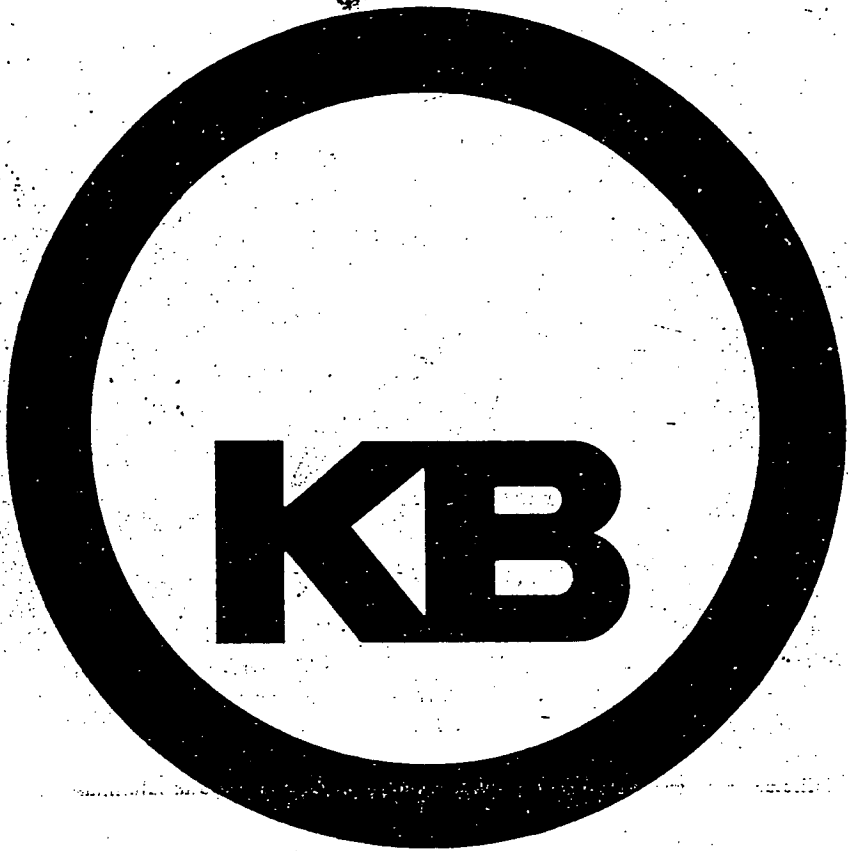
Child: Maaa, I'm scared of getting a shot!

Doctor: This isn't a needle, son. This is the liquid polio vaccine. It tastes like chocolate. Ha...Ha...

Signboard in background reads: National Immunisation Week 1995

Note: This front page cartoon clearly illustrates the use of language to strengthen health promotion messages in West Sumatra. The mother in the drawing is wearing the kind of traditional garments associated with rural women. The child is speaking Minang as he runs to her for protection. The doctor, however, as he is highly educated and represents the official immunisation programs run in connection with National Immunisation Week, speaks Indonesian. The situation represented in this cartoon mirrors the language domains visible in West Sumatran society and, for this reason, would seem familiar and appropriate to readers.

Mengapa keluarga Anda perlu  
Lingkaran Biru KB?



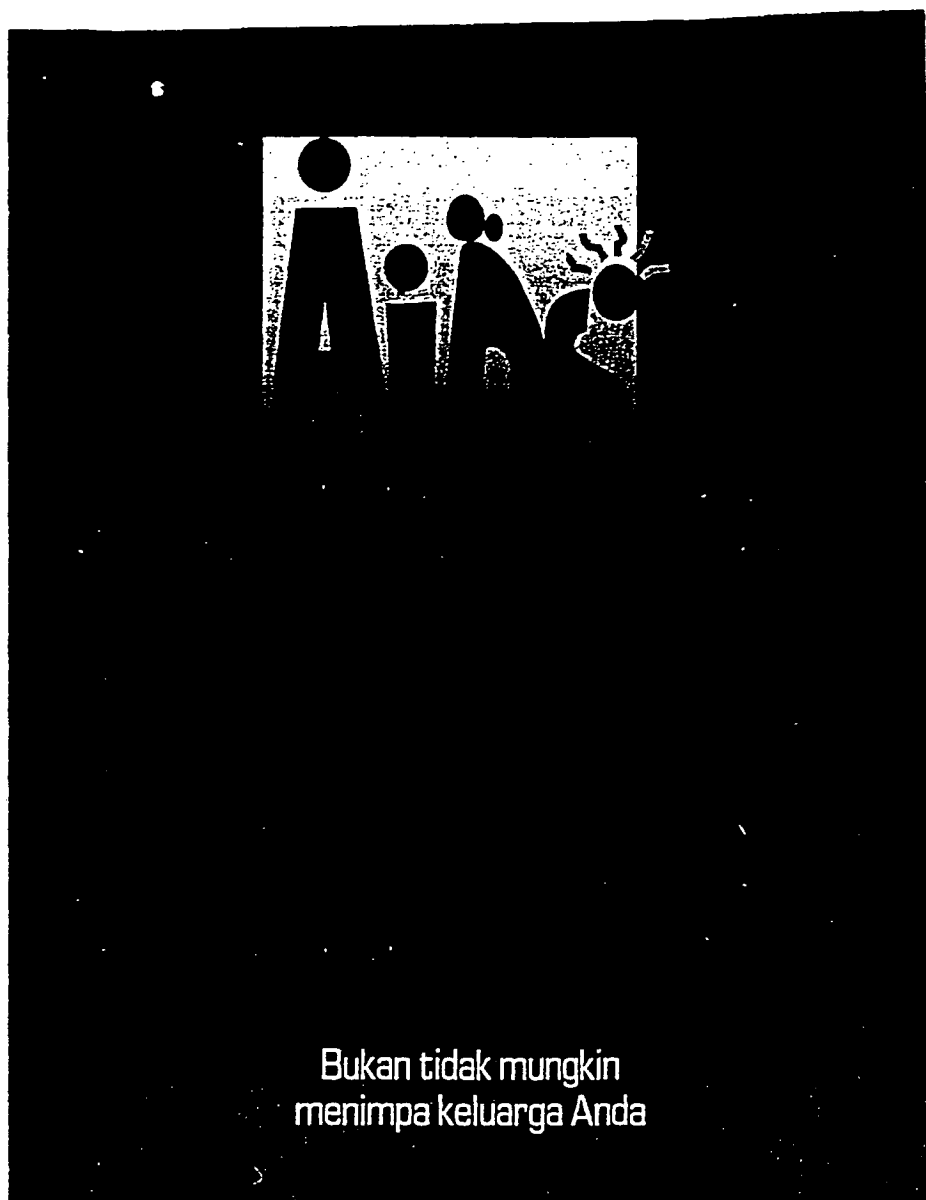
Untuk memenuhi kebutuhan Anda akan KB,  
secara pribadi dan mandiri. KB adalah kebutuhan setiap keluarga: jumlah  
anak, jarak dua kehamilan, penggunaan kontrasepsi  
yang paling sesuai ...  
Untuk setiap pelayanan dan kebutuhan tentang KB,  
datang saja ke tempat pelayanan bertanda Lingkaran  
Biru KB, di tempat praktek dokter dan bidan.  
Mereka dengan senang hati memberikan informasi  
dan pelayanan KB yang Anda perlukan,  
secara pribadi dan mandiri.



**Lingkaran Biru KB**  
Untuk informasi dan pelayanan KB  
secara pribadi dan mandiri.

Iklan layanan masyarakat ini disponsorkan oleh Fortune Indonesia, bekerja sama dengan badan SINGGALANG

## Example 2



Cari tahu penyebabnya dan kenali gejalanya. Agar Anda tahu, bagaimana cara menghindarinya, sebelum kebahagiaan keluarga Anda direnggutnya.

Penggerak Keluarga Sejahtera, PLKB dan petugas PUSKESMAS siap memberi penjelasan dan menjawab pertanyaan Anda seputar Aids.



KELUARGA SEJAHTERA SADAR AIDS

*Iklan Layanan Masyarakat ini dipersembahkan dalam rangka Hari Keluarga Nasional 29 Juni 1995. oleh Kantor Menteri Negara Kependudukan/BKKBN bekerjasama dengan MATARI INC dan Harian HALUAN*





## APPENDIX 3

### HEALTH PROMOTION MATERIALS IN INDONESIAN LANGUAGE TEXTBOOKS

This appendix contains examples of readings on health promotion that are included in Indonesian language textbooks for use in schools in West Sumatra. Excerpts from the exercises accompanying each reading are included as well. In each case, the original text is followed by a translation, and the grade level at which the material is used is indicated. In all cases, these materials use on the Indonesian language.

#### Example 1 -- Grade 2 Indonesian language text

Source: Pelajaran Bahasa Indonesia 2A, Kendang Sari, Surabaya, 1994, pp. 91-5

#### TEXT

Pagi ini Lilik tidak masuk sekolah. Pipi Lilik **bengkak**. Agaknya gigi Lilik sakit. Siang hari lilik diantar ibunya ke **puskesmas**. Gigi Lilik **diperiksa** oleh **Dokter Fatma**. Ternyata gigi Lilik berlubang cukup besar dan dalam. Oleh karena itu, gigi Lilik harus **ditambal**. Menurut Dokter Fatma gigi Lilik kotor. Mulutnya pun berbau tidak sedap. Lilik memang bandel. Ia malas menggosok gigi. Padahal Lilik suka makan coklat dan gula-gula. Lilik pun **tidak menggosok gigi** dengan benar. **Sikat gigi** yang digunakan hanya asal digerkan saja. Bu Fatma menyarankan agar Lilik rajin menggosok gigi yang benar. Bu Fatma memberi contoh cara menggosok gigi yang benar. Sikat yang digunakan harus memiliki bulu-bulu yang halus. Menggosok harus menggunakan **pasta gigi**. Gigi harus digosok sedikitnya sehari dua kali. Menggosok gigi dilakukan setelah makan pagi dan sebelum tidur. Makanan yang terlalu manis, pedas, masam, dan asin harus dihindari. Begitu juga makanan yang terlalu panas dan dingin. Makanan-makanan tersebut tidak baik bagi kesehatan gigi. Lilik berjanji menuruti nasihat Dokter Fatma.

#### Pelatihan

Perhatikan kembali wacana di muka! Dalam wacana tersebut terdapat kata-kata bercetak tebal. Kenalkah kamu dengan kata-kata tersebut? Apa artinya?

1. Daftarliah kata-kata bercetak tebal dalam wacana! Kemudian, buatlah kalimat baru dengan kata-kata tersebut!
2. Isilah kalimat-kalimat berikut ini! Gunakan kata-kata yang berhubungan dengan kesehatan!

Kemarin badan Hanung panas.  
 Agaknya ia .....  
 Ayahnya cepat-cepat membawa Hanug ke .....  
 Oleh ....., ayah Hanung diberi .....  
 ..... itu harus dibeli di apotek.  
 Sehari tiga kali Hanung harus minum ..... itu.  
 Hanung menuruti nasihat .....  
 Ia tidak ingin ..... lagi.  
 Ia ingin segera .....  
 Is ingin segera bermain dengan teman-temannya.

## TRANSLATION

This morning Lilik did not go to school. Her cheek is swollen. Perhaps lilik's tooth hurts. That day, her mother took her to the puskesmas. Lilik's teeth were examined by Dr. Fatma. It turned out one of Lilik's teeth had a big, deep cavity. For that reason, her tooth had to be filled. According to Dr. Fatma, Lilik's teeth were dirty. Her breath smelled bad. Lilik was naughty. She didn't brush her teeth. But she liked to each chocolate and candy. Lilik didn't even brush her teeth correctly. She just pushed the toothbrush around. Dr. Fatma suggested that Lilik brush her teeth carefully. Her toothbrush should have soft bristles. She had to use toothpaste. Teeth have to be brushed at least twice a day. You should brush them after breakfast and before going to bed. You should avoid food that is too sweet, spicy, sour, or salty. The same is true for foods that are too hot or too cold. These foods are not good for your teeth. Lilik promised to follow Dr Fatma's advice.

## Exercises

Study the reading again! Some words are printed in bold type. Do you know these words? What do they mean?

1. List the words printed in bold type in the reading! Then make new sentences using these words!
2. Complete the following sentences! Use words that have to do with health!

Yesterday, Hanung had a fever.  
 Perhaps he was .....  
 His father quickly took Hanung to the .....  
 The ..... gave Hanung's father .....  
 The ..... had to be bought at the pharmacy.  
 Hanung had to take the ..... three times a day.  
 Hanung followed the ..... advice.

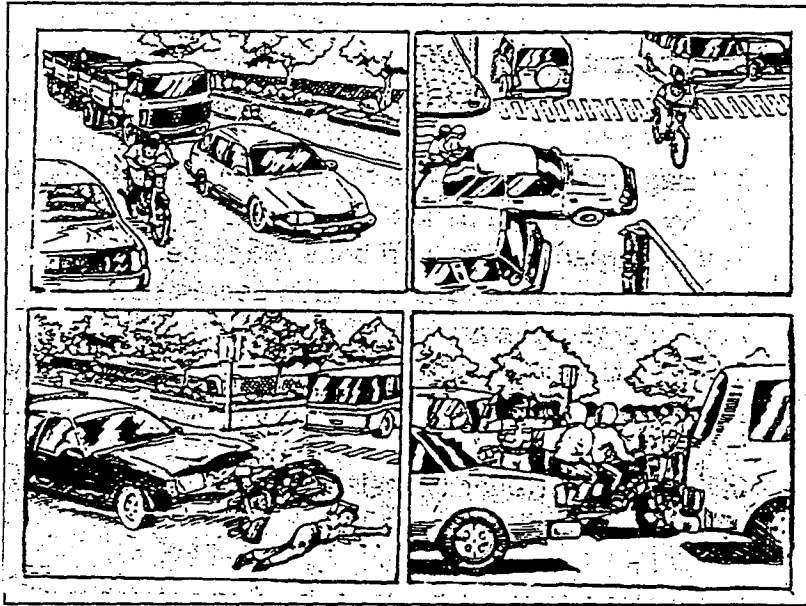
He did not want to be ..... anymore.  
He wanted to be ..... quickly.  
He wanted to play with his friends.

Example 2 -- Grade 4 Indonesian language text

Source: Pelajaran Bahasa Indonesia 4B, Aneka Ilmu Semarang, 1994, pp. 33-5

TEXT

Gunakanlah gambar seri untuk menuliskan cerita!



Tugas perorangan

1. Tulislah cerita dengan runtut berdasarkan urutan gambar seri di atas.
2. Tentukanlah judul dengan tepat jangan sampai menyimpang dari gambar.
3. Tentukanlah lebih dulu kerangka/sistematika penulisannya (pembukaan, isi, penutup).

Untuk membantu kamu menulis cerita berdasar gambar seri jawab pertanyaan-pertanyaan di bawah ini.

1. Bagaimana keadaan jalan raya pada gambar 1?
2. Bila melihat peristiwa seperti itu tindakanmu bagaimana?

3. Bagaimana sebaiknya bersopan santun di jalan?
4. Apa kesalahan pengendara motor roda dua?
5. Bagaimana akibat dari peristiwa tersebut?
6. Untuk apa polisis dan ambulan segera datang?
7. Diatur dengan apakah setiap persimpangan?
8. Bagaimana sikapmu bila ada pengebut di jalan raya?
9. Orang yang menjadi korban kecelakaan akan dibawa ke mana?
10. Agar tidak terjadi kecelakaan apa saja usaha kita sebagai pemakai jalan?

## TRANSLATION

Use the picture series below to write a story!

(illustrations)

### Individual Tasks

1. Write a story based on the order of the picture series above.
2. Choose an appropriate title that fits the pictures.
3. Decide on the outline/structure of your story (opening, content, closing).

To help you write a story based on the picture series answer the questions below.

1. How is the traffic on the highway in picture 1?
2. If you see something like this happen, what would you do?
3. How should you behave when using roads?
4. What mistake did the motorcycle rider make?
5. What was the result?
6. Why did the police and ambulance arrive quickly?
7. How are intersections controlled?
8. What should you do if someone drives recklessly?
9. Where did they take the accident victim?
10. As road users, what should we do to prevent accidents?

### Example 3 -- Grade 6 Indonesian language text

Source: Bahasa Persatuan 6B, Usaha Ikhlas, Bukittinggi, 1994, pp. 53-5

#### TEXT

#### Dua Anak Saja Cukup

Dewasa ini bangsa Indonesia sedang membanting tulang melaksanakan pembangunan. Pembangunan untuk mewujudkan cita-cita nasional yang menjadi idaman-idaman rakyat selama ini. Idaman itu tak lain daripada masyarakat adil dan makmur berdasarkan Pancasila. Masyarakat adil dan makmur terdiri dari keluarga-keluarga yang bahagia dan sejahtera. Keluarga bahagia dan sejahtera adalah keluarga yang dapat menjamin segala kebutuhan anggota keluarganya.

Untuk mencapai tujuan itu, banyak kendala yang dihadapi. Salah satu di antaranya ialah laju pertumbuhan penduduk yang masih tinggi.

Diperkirakan penduduk Indonesia pada tahun 2000 nanti akan mencapai 225 juta jiwa. Perkiraan ini didasarkan pada kenyataan bahwa pertumbuhan penduduk Indonesia per tahun berkisar antara 2,6 sampai 2,8%.

Pertambahan penduduk yang terlalu cepat mengakibatkan hasil pembangunan yang diperoleh kurang dapat dirasakan. Kita masih menemui kesulitan dalam memperoleh pendidikan, pelayanan kesehatan, lapangan kerja, perumahan dan lain-lain sebagainya.

Program KB di Indonesia dapat menguakkan kendala yang kita hadapi sekarang dan yang akan datang. Keluarga kecil bahagia dan sejahtera adalah keluarga idaman setiap orang. Sebuah keluarga yang terdiri dari catur warga. Catur warga dengan jumlah anak cukup dua orang. Laki-laki atau perempuan sama saja.

#### Pertanyaan

1. Apakah tujuan pembangunan yang kita laksanakan sekarang?
2. Apakah kendala yang dihadapi untuk mencapai tujuan itu?
3. Apakah sebabnya kita masih sulit dalam mendapatkan lapangan kerja, pendidikan, kesehatan dan sebagainya?
4. Singkatan dari apakah KKBS itu?
5. Berapa jumlah anak sebaiknya dalam sebuah keluarga?

#### Kosa Kata

##### Kata umum bidang KB

Amatilah kata-kata di bawah ini dan temukanlah artinya pada deretan di sebelah kanan.

kendala	penerima, peserta KB
tabel	bekerja keras
perkiraan	Penyuluh Lapangan KB
mengumumkan	suami isteri yang masih muda
catur warga	hal yang menyangkut dengan penduduk
NKKBS	keluarga yang terdiri dari empat orang
kependudukan	Norma Keluarga Kecil Bahagia dan Sejahtera
PUS	halangan, rintangan
PLKB	daftar
akseptor KB	ramalan yang berdasarkan perhitungan dan kenyataan
bekerja keras	menyingkirkan

## TRANSLATION

### Two Children Are Enough

In the recent past, Indonesia has been working hard to encourage development. This development is to realise national goals that are the ideals of the people. These ideals are none other than a society that is just and prosperous based on Pancasila [the national philosophy of Indonesia]. A just and prosperous society is made up of happy and prosperous families. Happy and prosperous families are those that can provide for all the needs of their members.

There are many obstacles that must be overcome in achieving these goals. One of them is the rate of population growth that is still high.

It has been estimated that Indonesia's population will reach 225 million by the year 2000. This estimate is based on the fact that Indonesia's population is increasing by 2.6 to 2.8% per year.

An increase in population that is too fast will result in the effects of development being imperceptible. We will still have difficulties in obtaining education, work, housing, and other things.

It is hoped that family planning programs in Indonesia will overcome the obstacles that we now face and those in the future. A small, happy, prosperous family is everyone's ideal family. This is a family that has four members. The four members include two children. It doesn't matter if they are boys or girls.

## Questions

1. What are the goals of the development [in Indonesia]?
2. What obstacles do we face in achieving these goals?
3. Why is it still difficult for everyone to get work, education, health, and so on?

- 4. What does KKBS stand for?
- 5. How many children should there be in a family?

Vocabulary

Common words in the field of family planning

Study the following words and match them to their meaning in the column on the right.

obstacle	family planning participant
table	work hard
estimate	family planning field officer [PLKB]
eliminate	young husband and wife [PUS]
NKKBS	family with four members
demographics	Small, happy and prosperous family as the norm [NKKBS]
PUS	impediment
PLKB	chart
KB acceptor	prediction based on caluculations and facts
work hard	overcome



## APPENDIX 4

### HEALTH PROMOTION IN NATIONAL NEWSPAPERS

This appendix contains examples of advertisements that have appeared in nationally distributed newspapers and magazines. For each example, a translation of the text is provided. Reproductions of these examples follow the text below.

#### Example 1 -- advertisement, Kompas newspaper, 17 March 1994

Original text: *Mengapa menunggu peraturan datang baru mengamankan diri sendiri? Sabuk pengamananan bukan pajangan, tapi untuk dikenakan!*

Translation:

Why wait for it to become law before making yourself safe?

Seatbelts are not for decoration; they are intended to be worn!

#### Example 2 -- advertisement, Republika newspaper, 7 December 1994

Original text: *Hati-hati! Transfusi darah bisa menularkan AIDS. Bila Anda/keluarga Anda mendapat transfusi darah, mintalah darah yang telah discreening AIDS.*

Translation:

Be careful! Blood transfusions can spread AIDS.

If you or members of your family need a blood transfusion, ask for blood that has been screened for AIDS.


#### Example 3 -- advertisement, Kompas newspaper, 17 March 1994

Original text: *Gigi adalah bagian dari diri kita. Sikatlah dan periksalah pada dokter gigi secara teratur.*


Teeth are part of us.

Brush [your teeth] and have them examined regularly by a dentist.

Example 1



MENGAPA MENUNGGU PERATURAN DATANG  
BARU MENGAMANKAN DIRI SENDIRI?




SABUK PENGAMAN BUKAN PAJANGAN, TAPI UNTUK DIKENAKAN!

Itikan Layanan Masyarakat ini dipersediakan oleh CABE RAWIT bekerja sama dengan REPRINCO dan KOMPAS.

**HATI-HATI!**

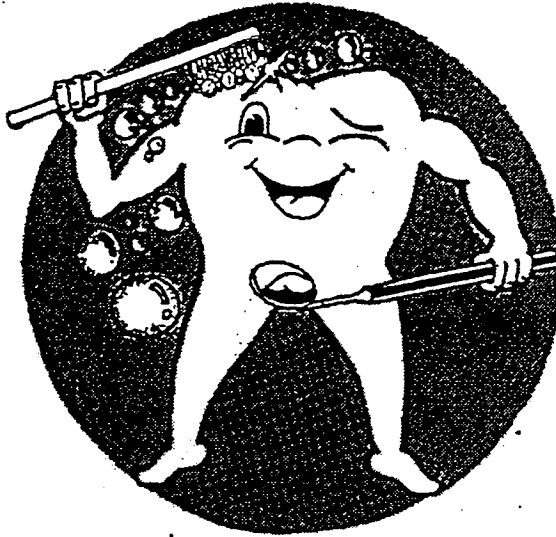
Bila Anda/keluarga Anda mendapat transfusi darah, mintalah darah yang telah discreening AIDS

**TRANSFUSI  
DARAH BISA  
MENULARKAN  
AIDS**



Dipersenikan oleh Depkes RI bekerjasama dengan PT Fortune Indonesia dan Republika

# GIGI ADALAH BAGIAN DARI DIRI KITA



**SIKATLAH DAN PERIKSALAH  
PADA DOKTER GIGI SECARA TERATUR**

---

PESAN INI DISAMPAIKAN OLEH PERSATUAN SENAT MAHASISWA KEDOKTERAN GIGI INDONESIA  
BEKERJA SAMA DENGAN HARIAN KOMPAS DALAM RANGKA TAHUN KESEHATAN GIGI DAN MULUT 1994

APPENDIX 5

HIERARCHICAL STRUCTURE OF  
INDONESIAN GOVERNMENT ADMINISTRATION

There are five distinct administrative levels of the Indonesian government: central, provincial, regency (*kabupaten* level), district (*kecamatan* level), and local (village level). Indonesia consists of 27 provinces each headed by a governor. Each province is administratively divided into *kabupaten*, the number of which is determined by a complex system based on size, population, and other factors not relevant here. Similarly, each *kabupaten* is divided into *kecamatan* which are further divided into village level administrative units. Dissemination and implementation of central government policies is conducted through this structure in a rather rigid manner where the head of each level receives orders from the one above without much room for change or modification of the policy. In some cases, and where specified, a lower level of administration may be authorised or given the autonomy to act independently, a good example of which is health promotion. The provincial government has the authority to design and implement central government policy in a manner seen as most fitting for the province. An understanding of this administrative structure, however, is useful to gain insight into the working mechanism of the Indonesian government. The chart below illustrates the hierarchical structure of the major components of the national health system and their areas of operation.

COMPONENT	LEVEL OF GOVERNMENT
Ministry of Health Inspectorate General      Secretariat Directorates General	Central government
Regional Office of Health Department Hospitals	Province or Level I
Regency Health Office	Kabupaten or Level II
District Health Office Puskesmas Auxiliary Puskesmas	Kecamatan
Posyandu	Village

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